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COVER LETTER

TO: Registration Se Division of Corp	
SUBJECT:	MANATEE RIVER LL C
	Name of Samica Diability Company
The enclosed Articles of	Amendment and fee(s) are submitted for filing.
Please return all correspo	ndence concerning this matter to the following:
	KAREL BLAVICEK Name of Person
	Name of Person
	MANATEE RIVER LLU Firm/Company
	Firm/Company
	3657 Cortaz Rd W, unit 100
	/ Add CS.
	Bradentou, FL 34210
	Bradenton, FL 34210 Miska-damin Code Miska-damin Cohotnail com
	E-mail address: (to be used for future annual report notification)
	oncerning this matter, please call:
KAREZ	SLAVICEK at (941) 726 18 08 Area Code Daytime Telephone Number
Name o	Person Area Code Daytime Telephone Number
Enclosed is a check for th	se following amount:
\$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HANATEE RIVER LLC	
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on $\frac{\partial \Omega}{\partial \theta} = \frac{\partial \Omega}$	gned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our records, enter the name of registered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	
, Florida, Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AM	MICHAELA- SATYTOVA	3657 Cortez Rd W #11	<u>V</u> _□ ∧dd
		3657 Cortez Rd W #10 Bradenton, FL 342,	Remove
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			□ Change

. If amending any other information, enter change(s) here: (Attach additional sheets, if necessar	. 9	
		
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Effective date, if other than the date of filing:	. .	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not	he listed as
ne record specifies a delayed effective date, but not an effective time, at 12:01 a.m. The 90th day after the record is filed.	on the	earlier o
Dated $09/2\sqrt{17}$ 2017		
baled		
5/7-2-		
Signature of a member or authorized representative of a member		
Sam	_	

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Filing Fee: \$25.00