

L12000087968

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

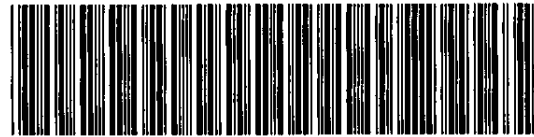
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900254402169

12/06/13--01019--014 **30.00

FILED

2013 DEC -6 PM 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC - 9 2013

T. HAMPTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Manmali llc
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cinthia Mango

Name of Person

Manmali LLC

Firm/Company

21085 NE 34 Avenue Suite 301

Address

Aventura Florida 33180

City/State and Zip Code

mjacofsky@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

marta e jacofsky

Name of Person

at (**305**) **300-1743**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
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**

Manmali 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 07/05/2012 and assigned
Florida document number L12000087968.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

21085 NE 34 Avenue Suite 301
Aventura Florida 33180

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

21085 NE 34 Avenue Suite 301
Aventura Florida suite 301

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Marta E Jacofsky

New Registered Office Address:

21085 NE 34 Avenue Suite 301

Enter Florida street address

Aventura

Florida 33180

City

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>mgr</u>	<u>marta e jacofsky</u>	<u>21085 NE 34 Avenue suite 301</u>	<input checked="" type="checkbox"/> Add
		<u>aventura florida 33180</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

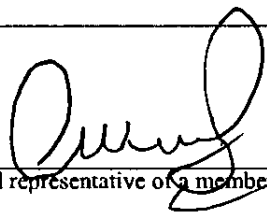
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 DEC -6 PM 4:13

FILED

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated 12/02, 2013



Signature of a member or authorized representative of a member
cinthia mango

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2013 DEC -6 PM 4:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA