1/3000/3263

(R	equestor's Name)
(A	ddress)
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(C	ity/State/Zip/Phone #)
(В	usiness Entity Name)
(D	ocument Number)
Certified Copies	Certificates of Status
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COVER LETTER

TO: Registration Section Division of Corporations

VIGTE influction SUBJECT: imited Liability Company

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

Please return all correspondence concerning this matter to the following:

Greguy Blanco Name of Person MANUTION GUT LLC Firm/Company Mare 324 Ciccut Isle Drive <u>City/State and Zip Code</u> Eshail address. (obe used for future annual report notification) b. aver S

For further information concerning this matter, please call:

at (136 ЯQ GALD Daytime Telephone Number Name of P

Enclosed is a check for the following amount:



S30.00 Filing Fee & Certificate of Status \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)

Street Address:

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration SectionDivision of CorporationsThe Centre of Tallahassee2415 N. Monroe Street, Suite 810Tallahassee, FL 32303

ARTICLES OF A TO ARTICLES OF O O	O RGANIZATION
Mare Contraction Shup (Name of the Limited Liability Comba	
The Articles of Organization for this Limited Liability Company Florida document number <u>U3000013263</u> .	were filed on <u>125/13</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	<u>ility company here</u> :
The new name must be distinguishable and contain the words "Limited Liabil	lity 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)	324 Count 156 Dive Fut Lavandale, Fr 33361
	·

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 the new registered agent and/or the new registered office address here:

Name of New Registered Agent:	(Svgory Blanco	
New Registered Office Address:	321 Cicont Ile	Drive Irreel address
	Fut Laudrdgle	, Florida <u>2370)</u> 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

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

. Effective date, if other than the date of filing: (optional)	
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02	207 (3)(b)
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.	asuie
\sim	
f the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the	he
ecord is filed.	
Dated May 17	
Signature of a member or authorized representative of a member	
(SPERUM KIGNGD	
(SVESUM BIGNED Typed or printed name of signce	
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