L13000/75331

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Business Elliky Hallie)
(Document Number)
Certified Copies Certificates of Status
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/ SIMMONS MAR 15 2021 FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-54372 (850) 524-6243

	(OFFICE USE ONLY)
Business Name & Document Number,	(if known):
1IAM THE MANAGER LLC	L13000175331
Name	Document Number (if known)
x Walk in	Will wait
Certified Copy	
Certificate of Status	
NEW FILINGS	<u>AMENDMENTS</u>
Profit	_X_ Amendment
Not for Profit	Resignation of R.A. Officer/Director
Limited Liability	Change of Registered Agent
Domestication	Dissolution/Withdrawal
INC	Conversion
OTHER - Corp	Merger
OTHER FILINGS	REGISTRATION/OUALIFICATIONS
Annual Report	Foreign Filing
	Limited Partnership
Fictitious Name	Reinstatement
Statement of Authority	
	Trademark
APOSTIL () COUNTRY	Other
COUNTRI	
	EXAMINER'S INITIALS:
	LANGING O HILLINGS

TO: Registration Section **Division of Corporations** I AM THE MANAGER LLC SUBJECT: 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: Name of Person I AM THE MANAGER LLC Firm/Company PO BOX 0601-0395 AZUERO BUSINESS CENTER PANAMA, REP. DE PANAMA, FL UNAddress City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: NA JEFF BELLINI Name of Person Enclosed is a check for the following amount: ☐ \$60.00 Filing Fee, **X**☐ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303

COVER LETTER

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Sign Envelope ID: 8338B3AC-EA76-4D03-BDDB-46A06DC1BA13

AKTICLES OF AMENDMENT TO

ARTICLES OF ORGANIZATION . OF

I AM THE MANAGER LLC

2021 MAR 12 AH 9:41

(A Florida Lu	Company as it now appears mited Liability Company)	,	
he Articles of Organization for this Limited Liability Com			and assigned
orida document number L13000175331			
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited	d liability company he	<u>re</u> :	
ne new name must be distinguishable and contain the words "Limited	I Liability Company," the de	signation "LLC" or	he abbreviation "L.L.C."
nter new principal offices address, if applicable:			
rincipal office address MUST BE A STREET ADDRES	<u>(SS)</u>	 	
iter new mailing address, if applicable:			
failing address MAY BE A POST OFFICE BOX)			
If amending the registered agent and/or registered o ent and/or the new registered office address here:	ffice address on our re	cords, <u>enter the</u>	name of the new regist
	ffice address on our re	cords, <u>enter the</u>	name of the new regist
	ffice address on our re	cords, <u>enter the</u>	name of the new regist
ent and/or the new registered office address here: Name of New Registered Agent:	ffice address on our re	cords, <u>enter the</u>	name of the new regist
ent and/or the new registered office address here:		cords, <u>enter the</u>	name of the new regist
ent and/or the new registered office address here: Name of New Registered Agent:	Enter Flori	da street address	name of the new regist a

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

If Changing Registered Agent, Signature of New Registered Agent

ramenang Authorized rerson(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

The second second

1GR = Manager .MBR = Authorized Member

<u>itle</u> .MBR	Name I AM THE MANAGER INC	Address 2021 HAR 12 AK 9: 4.1 1309 COFFEEN AVENUE STE 2357	Type of Action ■ ∧dd
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e: If the date inserted in the	the date of filing: (optional) must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 is block does not meet the applicable statutory filing requirements, this date will not be listed to be Department of State's records.
cord specifies a delayed effe i filed.	ective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
3/11 ed	2021
	Oscidental by:
	Signature of a member or authorized representative of a member

EU CACAA