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08/26/21--01020--008 **30.00

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	Registration Sect Division of Corp			
		PROPERTIES LLC	•	•
SUBJEC	CT:	Name of Limite	ed Liability Company	
				•
The encl	osed Articles of A	mendment and fee(s) are subm	nitted for filing.	
		dence concerning this matter to		
		NARCISA ELIZABETH M	ORALES	
			Name of Person	
		MANASSEH PROPERTIE	S LLC	
		•	Firm/Company	
		7345 W SAND LAKE ROA	AD STE 214	
			Address	
		ORLANDO FL 32819		
		propertymanasseh3@gmail.c	City/State and Zip Code	
		E-mail address: (to	o be used for future annual report notif	ication)
For furtl	her information co	oncerning this matter, please ca	II:	
NARCI	SA ELIZABETH	MORALES	407 545-9088 at ()	
	Name of	Person	Area Code Daytim	e Telephone Number
Enclose	d is a check for th	e following amount:		
□ \$25	5.00 Filing Fee	■ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section Torporations 17	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, FI	rporations Fallahassee be Street, Suite 810

TO:



MANASSEH PROPERTIES 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 Li		were filed on		and assigned
Florida document number 1.14000038434	·			
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	the limited liab	ility company here:		
N/A				
The new name must be distinguishable and contain the wa	ords "Limited Liabil	ity Company," the designation "L	LC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applica	able:	SAME		
(Principal office address MUST BE A STREE	T ADDRESS)			
				· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		SAME		
(Mailing address MAY BE A POST OFFICE)	BOX)			
				141888
B. If amending the registered agent and/or reagent and/or the new registered office address Name of New Registered Agent:		address on our records, <u>ent</u>	er the name	of the new registered
New Registered Office Address:		Enter Florida street add	ress	 _
				Zio Cōde
		City		- 7 -
New Registered Agent's Signature, if changing B	Registered Agent:			. သု သ
I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regis being filed to merely reflect a change in the r company has been notified in writing of this	er and complete stered agent as p registered office	performance of my duties, provided for in Chapter 60.	and Lam fa 5, F.S. Or, į	re to,comply with the miliar with and f this document is

If Changing Registered Agent, Signature of New Registered Agent

or removed from our recor

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	LOAIZA MARTHA, L		□Add
			■ Remove
			□Change
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(If an el	tive date, if other than the date of filing: O8/23/202 (optional) Tective 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 605.0207. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
he reco	ord 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 filed.
Date	1 08 /23 /21
	Signature of a member or authorized-representative of a member
	Naraisa E Morales

Filing Fee: \$25.00