

Division of Corporations

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L14000073874

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:  
Division of Corporations  
Fax Number : (850) 617-6393

From:  
Account Name : SERBER & ASSOCIATES, P.A.  
Account Number : 120000000083  
Phone : (305) 932-6262  
Fax Number : (305) 933-9393

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: info@serber-lawfirm.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
MANANIFUS LLC

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OCT 01 2018

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Corporate Filing Menu

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

MANANIFUS, 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 05/06/2014 and assigned  
Florida document number L14000073874

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)

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: Maria Angeles Pietro Sanchez

New Registered Office Address: 11712 SW Benington Circle

Enter Florida street address

Port St. Lucie, Florida 34987  
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 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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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Hector M Fusco	11712 SW Benington Circle	<input type="checkbox"/> Add
		Port St Lucie, FL 34987	<input checked="" type="checkbox"/> Remove
MGRM	Maria Angeles Pietro Sanchez	11712 SW Benington Circle	<input type="checkbox"/> Add
		Port St Lucie, FL 34987	<input checked="" type="checkbox"/> Remove
MGR	Maria Angeles Pietro Sanchez	11712 SW Benington Circle	<input checked="" type="checkbox"/> Add
		Port St. Lucie, FL 34987	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

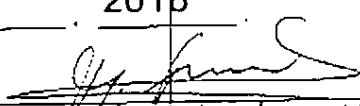
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated September 28 2018

  
Signature of a member or authorized representative of a member

Hector Marcelo Fusco

Typed or printed name of signee

FILED  
18 SEP 28 AM 9:59