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COVER LETTER

Division of Corporations		••	
SUBJECT: Mandevill	eUC	3	·
	Name of Limited i	Liability Company	
The enclosed Articles of Amendment	and fee(s) are submitte	ed for filing.	
Please return all correspondence conce	erning this matter to th	e following:	
R	ebekah	A Mand	eville
	Mander	The LLC Firm/Company	<u> </u>
	428 M.	Lemon	Ave
2	sarasota	PL	34236
rebel	Ci Cahou Mu E-mail address: (to be	ty/State and Zip Code	tuden com
For further information concerning this	s matter, please call:	_	
Rebekah Manda	ville	at (941) 9	61-4252
Name of Person		Area Code	Daytime Telephone Number
Enclosed is a check for the following a	mount:		
	Filing Fee & Cicate of Status	1 \$55.00 Filing Fee & Certified Copy (additional copy is enclose	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

TO STATE OF THE PROPERTY OF TH
ARTICLES OF ORGANIZATION
OF 2017 • =
-01/APR -7 A.
ARTICLES OF ORGANIZATION OF 2017 APR -7 AM 10: 58
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
(a) a - la
The Articles of Organization for this Limited Liability Company were filed on 4125/2014 and assigned Florida document number L14000 102 61
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 contain 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 non mailing address if anniforbles
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:
New Registered Office Address:
Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

11 amending Authorized Person(s) authorized to manage, enter the tiue, name, and address of each person being added or removed from our records:

'MGR = Manager

AMBR = A	Authorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Nathaniel Manderille	2 428 N. Lemon Ave	🗹 Add
		Sarasota, PL 34231	<u> </u>
	11		Change
MR	Cara M. Mandeville	428 N. Lemon Ave	Z Add
		Sarasota, PL 34236	□ Remove
			Change
			<u></u> □ Remove
		LAW	A P
			Change
		:	Add
		,	Remove
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ective date, if other than to effective date is listed, the date is	nust be specific and ca	nnot be prior to date o	of filing or more than 90 a	(optional) days after filing.) P	ursuant to 605.020
te: If the date inserted in this cument's effective date on the	block does not mee Department of Stat	t the applicable sta e's records.	tutory filing requirem	ents, this date wi	Il not be listed as
record specifies a delay	red effective dat	e, but not an e	ffective time, at 1	12:01 a.m. on	the earlier o
The 90th day after the r	ecora is filea.				
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Filing Fee: \$25.00