

LP/000 154138

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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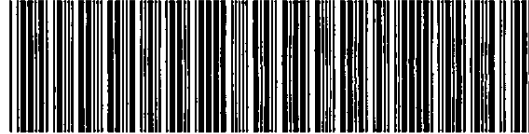
(Business Entity Name)

(Document Number)

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15 SEP 24 PM 5:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP 25 2015  
S. YOUNG

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MANAO INVESTMENT SOLUTIONS LLC  
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:

RAMON ROJAS

Name of Person

MANAO INVESTMENT SOLUTIONS LLC

Firm/Company

25885 SW 143rd CT # 1423

Address

HOMESTEAD, FLORIDA 33032

City/State and Zip Code

manaoinvesting@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RAMON ROJAS

786

444-8236

Name of Person

at ( )  
Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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 ADDRESS:**  
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

FILED  
15 SEP 24 PM 5:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

MANAO INVESTMENT SOLUTIONS 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 SEPTEMBER 24, 2014 and assigned  
Florida document number L14000154138.

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:

25885 SW 14rd CT # 1423

(Principal office address MUST BE A STREET ADDRESS)

HOMESTEAD, FLORIDA 33032

Enter new mailing address, if applicable:

25885 SW 14rd CT # 1423

(Mailing address MAY BE A POST OFFICE BOX)

HOMESTEAD, FLORIDA 33032

**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

Florida

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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>                      |
|--------------|----------------|--------------------------|--------------------------------------------|
| MGR          | CARLOS BRINAS  | 7633 SW 2nd TR           | <input type="checkbox"/> Add               |
|              |                | MIAMI, FLORIDA 33126     | <input checked="" type="checkbox"/> Remove |
|              |                |                          | <input type="checkbox"/> Change            |
| MGR          | YANAIRENE REGA | 25885 SW 143rd CT # 1423 | <input type="checkbox"/> Add               |
|              |                | HOMESTEAD, FLORIDA 33032 | <input checked="" type="checkbox"/> Remove |
|              |                |                          | <input type="checkbox"/> Change            |
|              |                |                          | <input type="checkbox"/> Add               |
|              |                |                          | <input type="checkbox"/> Remove            |
|              |                |                          | <input type="checkbox"/> Change            |
|              |                |                          | <input type="checkbox"/> Add               |
|              |                |                          | <input type="checkbox"/> Remove            |
|              |                |                          | <input type="checkbox"/> Change            |
|              |                |                          | <input type="checkbox"/> Add               |
|              |                |                          | <input type="checkbox"/> Remove            |
|              |                |                          | <input type="checkbox"/> Change            |
|              |                |                          | <input type="checkbox"/> Add               |
|              |                |                          | <input type="checkbox"/> Remove            |
|              |                |                          | <input type="checkbox"/> Change            |

FILED  
15 SEP 2015  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

[illegible]

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If 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 record is filed.

STATE  
FLORIDA

  
Signature of a member or authorized representative of a member

Ramon Rojas  
Typed or printed name of signee

FILED  
SEP 24 PM 5:01  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA