## L14000164355

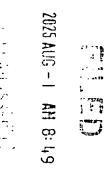
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Certified Copies	_ Certificates	of Status	
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## **COVER LETTER**

TO: Registration 5 Division of Co	Section prporations				
MANTO	N 3 LLC				
	Name of L	imited Liability Company		<del></del>	
	f Amendment and fee(s) are su				
	LILIAN LAVADO				
		Name of Person	· · · · ·	<del></del>	
	GCF DEVELOPMENT,	LLC			
		Finn/Company			
1776 POLK STREET, SUITE 200					
Address					
	PEMBROKE PINES, FL	33020			
	LLAVADO@GCFRC.CO	City/State and Zip Code		- 20	
	E-mail address:	(to be used for future annual re	port notification)	)25	15
For further information of	concerning this matter, please of	call:		2025 AUS	j; 2 •=•
LILIAN LAVADO		954 4487 at ( )	951	新·二	, cm1
Name o	of Person	Area Code	Daytime Telephone Num		1
Enclosed is a check for the	he following amount:			8: 49	
■ \$25.00 Filing Fec	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certif	Filing Fee, icate of Status & icd Copy mal copy is enclosed)	

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

....

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MANTON 3 LLC				
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) I Liability Company)			
The Articles of Organization for this Limited Liability Compan Florida document number L14000164355	y were filed on FLORIDA	and as	ssigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company here:			
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LUC" or the	abbreviation "	L.L.C."	-
Enter new principal offices address, if applicable:				_
(Principal office address MUST BE A STREET ADDRESS)			202	_
		3	5	
Enter new mailing address, if applicable:		i i	<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)		ζ/, ·	30=	
infaming address 1971 DE 71 1 001 Of 11 CO DOTA			<del>- =</del>	
		- ;	<del>;.</del> _	_ <u>,6-45</u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the na	ime of the ne	ew Yegiste	<u>ered</u>
Name of New Registered Agent:				_
New Registered Office Address:	Enter Florida street address			_
	, Florida _	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 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>	Address	Type of Action
MGR	Mishaan Mehta	1776 POLK STREET, SUITE 200	□Add
		HOLLYWOOD, FL 33020	🖺 Remove
			□Change
MGR	Meena Mehta	1776 POLK STREET, SUITE 200	🖼 Add
		HOLLYWOOD, FL 33020	□Remove
<del></del>			□ Add
			□Remove
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			Add ∞ —
			□ Remove
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			□Remove
			□ Change

D. If amending any	y other information, enter change(s) here: (Attach additional sheets, if necessary.)		
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P. Persalas de astr	other than the date of filing:	0,7	<b>₹</b> [7]
(If an effective date is Note: If the date	Tother than the date of filing: (optional) Itisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Purinserted in this block does not meet the applicable statutory filing requirements, this date will ive date on the Department of State's records.	insuant to 60 If not be lis	15.9707 (3)(b) 3 160 as the
If the record specifies record is filed.	a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 9	Oth day aft	er the
Dated JULY 23	, 2025		
<del></del>	Signature of a member or authorized representative of a member		
	Typed or printed name of signee		

Filing Fee: \$25.00