

L14 000192127

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600299628796

06/01/17--01020--014 **60.00

FILED
17 JUN -1 AM 7:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 01 2017
J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RISING MANNA DISTRIBUTION 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:

JEFF GOODMAN
Name of Person

RISING MANNA DISTRIBUTION LLC
Firm/Company

6193 SW 6TH STREET
Address

MARGATE, FL 33068
City/State and Zip Code

JS GOODY16@AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JEFF GOODMAN at 954 696-6028
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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

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

RISEING MANNADISTRIBUTION 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 12-17-2014 and assigned Florida document number L14000192127

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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)

6193 SW 6TH STREET
MARGATE, FL 33068

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6193 SW 6TH STREET
MARGATE, FL 33068

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:

JEFF GOODMAN

New Registered Office Address:

6193 SW 6TH STREET

Enter Florida street address

MARGATE

City

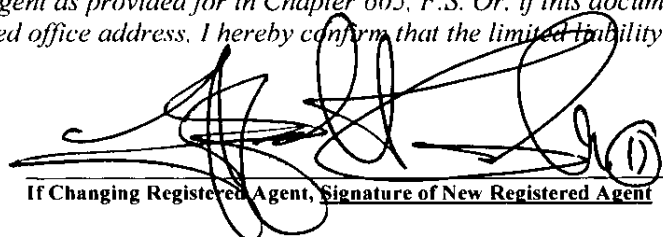
Florida

33068

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	ILIS GOODMAN	6935W 6TH ST	<input type="checkbox"/> Add
		MARGATE, FL 33068	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	ERIC GOODMAN	693 SW 6TH ST	<input checked="" type="checkbox"/> Add
		MARGATE, FL 33068	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

17 JUN - 1 AM 7:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 JUN - 1 AM 7:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N/A

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.

Dated

5-22

2018

Signature of a member or authorized representative of a member

JEFF GOODMAN

Typed or printed name of signee