

L15000027880

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

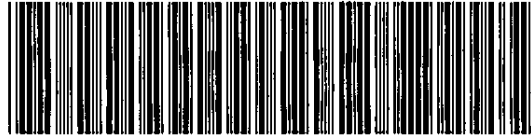
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L15-27880

Amend

05/09/16--01028--021 \*\*30.00

FILED  
16 MAY -9 PM 3:35  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

MAY 11 2016  
N. CAUSSEAU

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MAN ALPHA ONE 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:

JOANNE PIAZZA  
Name of Person

Firm/Company

PO BOX 1938  
Address

KEY LARGO FLORIDA 33037  
City/State and Zip Code

MANALPHAONETED@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOANNE PIAZZA at ( 561 ) 727-9199  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee.<br>Certificate of Status &<br>Certified Copy<br>(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**

MAN ALPHA ONE 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 2/13/2015 and assigned  
Florida document number ~~26-111192, 80-06043~~ L15-27880

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)

142 OCEAN BAY DR  
KEY LAB40 FLORIDA 33037  
UNIT W 1

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO BOX 1938  
KEY LAB40, FLORIDA 33037

**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:

JOANNE PIAZZA

New Registered Office Address:

142 OCEAN BAY DR. W 1

Enter Florida street address

KEY LAB40

City

Florida

33037

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>
<u>MR</u>	<u>TED MANDES</u>	<u>201 S. NARCISUS AVE</u>	<input type="checkbox"/> Add
		<u>WPR FL 33401 W405</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>JOANNE PIAZZA</u>	<u>142 OCEAN BAY DR W1</u>	<input checked="" type="checkbox"/> Add
		<u>KEY LARGO FL 33037</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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ALLIANCE FLORIDA  
6 MAY -9  
3:00 PM  
STATE  
REMOVE


16 MAY -9 PM 3:35  
DEPT. OF STATE  
ALL AMASSEE FLORIDA

FILED  
16 MAY -9 PM 3:35  
U.S. DEPT. OF JUSTICE  
FALL RIVER, MASS. DIST. CT.

**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 MAY 3, 2016

MAY 3, 2016

  
Signature of a member or authorized representative of a member

JOANNE PIAZZA TED MANDES

Typed or printed name of signee