L15000037442

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S. YOUNG

COVER LETTER

TO: Registration S Division of Co				
suвјест: <u></u>		ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	Gilvo	SOUZO Name of Person	 	
	Manches	ter Investments	5 LLC	
	8615 Com	nodity Cir #11	16 JUL 21	からでれた
	Orlando	FL 32819	22	: . ;;, ;-≺
	E-mail address: (City/State and Zip Code Ca DelucaFLh or to be used for future annual report notifications.	nes. Com	
For further information of	concerning this matter, please ca	all:	<u> </u>	12
Gilvan Name o	Southa of Person	at (371) 949-6 Area Code Daytimo	539 Telephone Number	
Enclosed is a check for t	he 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)	
MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:	

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compan (A Florida Limited Li	iy as it now app lability Compan	ears on our records.) y)	<u></u>
The Articles of Organization for this Limited Liability Company of Florida document number <u>L15000037447</u> .	were filed on	03/02/2015	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	lity company	<u>here</u> :	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," th	e designation "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applicable:			TALE SEE
(Principal office address MUST BE A STREET ADDRESS)			生 語
			2 1797
Enter new mailing address, if applicable:			PH TOTAL
(Mailing address MAY BE A POST OFFICE BOX)			8 新
			·
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here Name of New Registered Agent:		on our records, enter th	e name of the new
	•		
New Registered Office Address:	Enter I	Florida street address	
		. Florida	
	City	, 1 lot lan	Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance rovided for i	of my duties, and I am fan n Chapter 605, F.S. Or, if	niliar with and this document is

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
mbr	Leaf Enterprise LIC	8615 Commodity Cir #11	
		8615 Commodity Cir #11 Orlando FL 32819	Remove
			☐ Change
			□ Add
			Remove
			Change > 1
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			Change
			Add
		· · · · · · · · · · · · · · · · · · ·	Remove
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	16 JUL 21	
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	သ	Chili
(If an el	tive date, if other than the date of filing:	7 (3) s the
the re	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of e 90th day after the record is filed.	f:
Dated	1 07/15/16 Figure 1 10/120	
	Signature of a member of authorizett representative of a member	
	Gilvan M Samo	

Page 3 of 3

Filing Fee: \$25.00