15000068614

| (Requestor's Name) |
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| (Address) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
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| (Duainaga Futitu Nama) |
| (Business Entity Name) |
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| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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2015 OCT 26 PM 5: 41
SECRETARY OF STATE
SECRETARY OF STATE

K.SALY EXAMINER OCT 27 2015

COVER LETTER

| TO: Registration Se Division of Cor | | | |
|--|--|---|---|
| MANANT | IAL LLC | | |
| SUBJECT: | Name of Lim | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | JULIO C DE LOS RIOS | | |
| | | Name of Person | |
| • | DLR PROFESSIONAL SI | ERVICES INC | |
| | | Firm/Company | |
| | 5743 HOLLYWOOD BLV | 'D | |
| | | Address | |
| | HOLLYWOOD, FL 33021 | | |
| | | City/State and Zip Code | |
| | DLRCORP@AOL.COM | | |
| | | to be used for future annual report notification | ation) |
| For further information c | oncerning this matter, please ca | all: | |
| JULIO C DE LOS RIOS | | 954 816-4119 at () | |
| Name o | f Person | Area Code Daytime T | elephone Number |
| Enclosed is a check for the | ne 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
2015 OCT 26 PM 5:41

MANANTIAL LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

| (A Flo | orida Limited Liability Company) | ASSEE, FLORIDA |
|---|---|--|
| The Articles of Organization for this Limited Liabilit Florida document number L15000068614 | ry Company were filed on 04/20/2015 | and assigned |
| This amendment is submitted to amend the following | 7. 5' | |
| A. If amending name, enter the new name of the | mendment is submitted to amend the following: mending name, enter the new name of the limited liability company here: name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." new principal offices address, if applicable: ipal office address MUST BE A STREET ADDRESS) new mailing address, if applicable: | |
| The new name must be distinguishable and contain the words " | Limited Liability Company," the designation "LLG | C" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET AD | DDRESS) | |
| registered agent and/or the new registered office a Name of New Registered Agent: | egistered office address on our record | |
| New Registered Office Address: | Enter Florida street addre | .ss |
| · | , Fl | lorida |
| New Registered Agent's Signature, if changing Register | City ered Agent: | Zip Code |
| I hereby accept the appointment as registered age provisions of all statutes relative to the proper an accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this change | ent and agree to act in this capacity. I fu d complete performance of my duties, a d agent as provided for in Chapter 605, tered office address, I hereby confirm th | nd I am familiar with and F.S. Or, if this document is |

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> | Address | Type of Action |
|--------------|------------------------|---------------------------|------------------------|
| MBR | FLORENCIA VALLE FORTIN | 333 NE 21ST AVE | Add |
| | | APT 406 | □ Remove |
| | | DEERFIELD BEACH, FL 33341 | Change |
| AMBR | DANIELA A. CRUZ VALLE | 333 NE 21ST AVE | ■ Add |
| | | APT.406 | Remove |
| | | DEERFIELD BEACH, FL 33341 | Change |
| | | | ☐ Add |
| | | · | □ Remove |
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| ective d | ate, if other th | an the date of | filing: | 0/30/2015 | | *** | | (optiona | l) | |
| te: If the | e date inserted in | date must be specif n this block does | not meet | the applica | | | | | | |
| cument's | effective date o | n the Departmen | t of State' | s records. | | | | | | |
| record | enecifies a d | elayed effecti | vo dato | hut no | t an offe | octivo tim | a at 12 | ·01 a m | on the | oprlior. |
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Filing Fee: \$25.00