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COVER LET TO: **Registration Section Division of Corporations** The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Coy Bentley Name of Person 4 Mankind LLC 204 37TH AVE N #364 ST. PETERSBUKG FL 33704 City/State and Zip Code KN 445 @ aol. com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (727) 744-0034 Area Code Daytime Telephone Number

□ \$55.00 Filing Fee &

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(additional copy is enclosed)

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\$25.00 Filing Fee

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

STREET/COURIER ADDRESS:

☐ \$60.00 Filing Fee,

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(additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

4 Mankina	1 LLC	
(Name of the Limited Liability Con (A Florida Limite	npany as it now appears on our re ed Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L 150 0013 72-73</u>	ny were filed on 8-11-	2015 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited line of the new name must be distinguishable and contain the words "Limited Line of the limited line of the lin		
The new name must be distinguishable and contain the words "Limited Li	ability 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)		a see
Enter new mailing address, if applicable:		C.
(Mailing address MAY BE A POST OFFICE BOX)		# 1
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h Name of New Registered Agent: New Registered Office Address:		ddress
	City	, Florida Zip Code
New Begintered Agent's Signature if changing Degistered Agen		•

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 = M $AMBR = A$	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
		for the contract of the contra	□ Add
		territoria.	Remove
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ective date, if other	than the date of filing:		(oı	otional)
effective date is listed,	than the date of filing: he date must be specific and ca i in this block does not mee	nnot be prior to date of t	filing or more than 90 days a	fter filing.) Pursuant to 605.02
	e on the Department of Stat		tory ming requirements,	inis date will not be listed
	delayed effective dat the record is filed.	e, but not an effe	ective time, at 12:0	1 a.m. on the earlier
ed <u>6/2</u>	, ,	2017 .		
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Typed or printed name of signee

Filing Fee: \$25.00