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COVER LETTER .

TO:	Registration S Division of Co		d on	•
SUBJI	MANAVA			
		Name of Lin	nited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please	return all corresp	ondence concerning this matter	to the following:	
		MAMODE ANAAR	mitted Liability Company abmitted for filing. er to the following: Name of Person Firm/Company SUITE 1002 Address City/State and Zip Code (to be used for future annual report notification)	
			Name of Person	-4 - 1-7
		MANAVAC LLC		
			Firm/Company	
		170 SE 14TH STREET S	UITE 1002	
			Address	
		MIAMI, FL 33131		
			City/State and Zip Code	
		yann@ki2f.com		
		E-mail address: (to be used for future annual report notifi	calion)
For furt	ther information o	oncerning this matter, please c	all:	
MAM	DDE ANAAR			
Factore		f Person ne following amount:	Area Code Dayrime	Telephone Number
	.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy

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

MANAVAC LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)	
e Articles of Organization for this Limited Liability C	Company were filed on December 08, 2015	and assigned
orida document number L15000204793	_·	
is amendment is submitted to amend the following:		
If amending name, enter the new name of the limit	ited liability company here:	
e new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or the	he abbreviation "L.L.C."
nter new principal offices address, if applicable:		.
rincipal office address MUST BE A STREET ADDR	RESS)	
ter new mailing address, if applicable:		
failing address MAY BE A POST OFFICE BOX)		
If amending the registered agent and/or regis	stered office address on our records, en	ter the name of the
gistered agent and/or the new registered office add	ress here:	man g.
		A 5
Name of New Registered Agent:		
		\$ 3 S
New Registered Office Address:		
New Registered Office Address:	Enter Florida street address	
New Registered Office Address:	, Florida	
New Registered Office Address: We Registered Agent's Signature, if changing Registered	, Florida	Sign Sign State 17

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

1 1, 4

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	THIERRY VACCARO	170 SE 14TH STREET	B Add
		SUITE 1002	□ Remove
		MIAMI, FL 33131	□ Change
			□ Add
			□ Remove
			☐ Change
			Add
			□ Remove
			□ Change
			□ Add
			□ Remove
			Change
			□ Remove
			Change
			Add
			□ Remove
			☐ Change

If amending any other informat	ion, enter change(s) ne	re: (Augen aaamona snee	us, y necessury.)	
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			3> 27	MAY
Effective date, if other than the c fan effective date is listed, the date must <u>Note:</u> If the date inserted in this bloo	he specific and cannot be prio- ck does not meet the applic	cable statutory filing requiren	(optional) days after filing.) Pursuant to 60 tents, this date will not be lis)s.02(17)(3)
document's effective date on the Dep	partment of State's records	i.		<u> </u>
ne record specifies a delayed The 90th day after the reco	effective date, but no	ot an effective time, at		را ler _c of:
·			P	٠
Dated May 12	2016	<u></u> .		
	Sall			
	ignature of a member or auth	orized representative of a memb	er	
MAMODE ANAAR, MA	NAGER			
		ed name of signee		

Page 3 of 3

Filing Fee: \$25.00