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K. Shily Examiner MAR – 3

COVER LETTER

·TO: Registration Section Division of Corporations
SUBJECT: Mancha 0328, 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:
Jesus Mancha
Name of Person
Firm/Company
11100 12 2 199 -1
Address
Miami F 33055 City/State and Zip Code
LAPIA LA1291 Q YALO D. ES E-mail address: (4 be used for future annual report notification)
For further information concerning this matter, please call:
Jesus Mancha at (786) 541-4591 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\B

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

2016 FE	FILED B29 AMII: 05
MATLUE.	SSFE. PLORIDE
,	
/	and assigned

The Articles of Organization for this Limited Liability Company were filed on Florida document number L 100000 23086. 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 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

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.

City

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>	Name	Address	Type of Action
MGR	Jesus Marcha	4100 NW 199 St	Add
		4100 NW 199 St Miami, FC 33055	Remove
			🗖 Change
			Add
			Remove
			Change
			GAdd
			Change Change Remove
			TO Change
			Remove Change CS
			☐ Remove
			Change
			Add
			□ Remove
			Change
			Add
			Remove
			☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sh	eets, if necessary.)
	
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E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than Note: If the date inserted in this block does not meet the applicable statutory filing require document's effective date on the Department of State's records.	(optional) 90 days after filing.) Pursuant to 605.0207 (3)(rements, this date will not be listed as the
If the record specifies a delayed effective date, but not an effective time, a (b) The 90th day after the record is filed.	at 12:01 a.m. on the earlier of:
Dated February 19, 2010. Standard of a member or authorized representative of a me	mber
Stenature of a member or authorized representative of a member of authorized representative of a member of signee	

Page 3 of 3

Filing Fee: \$25.00