

L16 0000078639

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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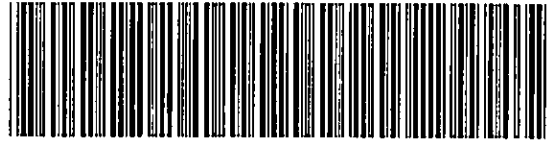
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** MANIFEST DESTINY INVESTMENTS 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:

WILLIAM G REDDEN III

Name of Person

MANIFEST DESTINY INVESTMENTS LLC

Firm/Company

23153 RYE AVENUE

Address

PUNTA GORDA, FL 33980

City/State and Zip Code

WILL@FIXMYGEN.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

W GLENN REDDEN, CPA

727 249-7796  
at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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**

MANIFEST DESTINY INVESTMENTS LLC

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

The Articles of Organization for this Limited Liability Company were filed on 04/21/2016 and assigned  
Florida document number L16000078639.

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" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

23153 RYE AVENUE

(Principal office address MUST BE A STREET ADDRESS)

PUNTA GORDA, FL 33980

Enter new mailing address, if applicable:

23153 RYE AVENUE

(Mailing address MAY BE A POST OFFICE BOX)

PUNTA GORDA, FL 33980

**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:

AMBER KERR

New Registered Office Address:

23153 RYE AVENUE

*Enter Florida street address*

PUNTA GORDA

, Florida 33980

*City*

*Zip Code*

**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.*

  
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>	<u>Address</u>	<u>Type of Action</u>
MGR	WILLIAM G REDDEN	1901 40TH STREET N	<input type="checkbox"/> Add
		ST PETERSBURG, FL 33713	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	AMBER KERR	23153 RYE AVENUE	<input checked="" type="checkbox"/> Add
		PUNTA GORDA, FL 33980	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	WILLIAM G REDDEN III	23153 RYE AVENUE	<input type="checkbox"/> Add
		PUNTA GORDA, FL 33980	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

Dated OCTOBER 17 2019

  
Signature of a

Signature of a member or authorized representative of a member

**AMBER KERR**

Typed or printed name of signee