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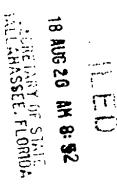
(Req	uestor's Name)	_
(Add	ress)	
•	•	
(Add	ress)	
(City	/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
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(Doc	:ument Number)	
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Special Instructions to F	ilina Officer:	
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Office Use Only



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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

Huong SUBJECT:	Manaois Realtor LLC			
SOBJECT:	Name of Lim	ited Liability Company	······································	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Huong Manaois			
		Name of Person		
	Huong Manaois Realtor L.	LC		
		Firm/Company		
	11915 Beach Blvd Ste 113	3	***	••
		Address	``	<u>.</u> . . .
	Jacksonville, FL 32246		7	
		City/State and Zip Code		, 6
	kimmanaois@gmail.com			
For further information	E-mail address: (concerning this matter, please or	to be used for future annual report notiall:	fication) r	AUG 20 AN 8: 92
Huong Manaois		904 327-3358	7	<u> </u>
Name	of Person	Area Code Daytim	e 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)	Certified C	of Status &
Regis Divis	LING ADDRESS: tration Section ion of Corporations 30x 6327	STREET/COURI Registration Section Division of Corport Clifton Building	n	

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Huong Mangois	Realton LLC	
(A Florida Limited	nny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L/16000/0/3</u> 74	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		HAN DO
Enter new mailing address, if applicable:		E FLORE
(Mailing address MAY BE A POST OFFICE BOX)		2
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		er the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Florida	
 -	City	Zin 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.

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
AMBR	Mark Manaois	11915 Beach Blvd Ste 113 Jacksonville, FL 32246	Add
			Remove
			Change
			□ Add
			Remove
			AHE LE LANGE
			V +- Lated
			Change
			□ Change
			Add
			☐ Remove
			Change
		D Add	
			☐ Remove
			☐ Change
			□ Add
			Remove
			☐ Change

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	st be specific and cannot be prior to date of filing or ock does not meet the applicable statutory file.	(optional) more than 90 days after filing.) Pursuant to 605.0207 ing requirements, this date will not be listed as
record specifies a delaye The 90th day after the rec		time, at 12:01 a.m. on the earlier of
ned	2018 ? ((()))	
	711166	

Page 3 of 3

Filing Fee: \$25.00