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Division of Corporations

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From:

Account Name : SERBER & ASSOCIATES, P.A.

Account Number : I20000000083 : (305)932-6262 Phone : (305)933-9393 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Enail Address: INFOC SERBOLAW Frm. 6m

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MANUCELL, LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MANUCELL, LLC (Name of the Limited Liability (A Florida Li	Company as it now appears on our records.) mited Liability Company)		
The Articles of Organization for this Limited Liability Con Florida document number <u>L17000001986</u>	npany were filed on 01/03/2017	and assigned	I
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	d liability company here:		
The new name must be distinguishable and end with the words "Limit	ted Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."	11
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	<u> </u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office address.	ered office address on our records, enter	the name of t	he new
Name of New Registered Agent:		-5	四次完
New Registered Office Address:	Enter Florida street address , Florida _	AH 9:	<u> </u>
	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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u> </u>	Name	Address	Type of Action
MGR	Luz Celedonia Jaque Lopez	193 LAKEVIEW DR	= Add
		205	Remove
		WESTON, FL 33326	
MGR	Manuel A Vidal Vega	193 LAKEVIEW DR	
		205	_= Remove
		WESTON, FL 33326	
			Add
			□ Remove
			D Add
			Remove
			Remove
			Add
			□ Remove

ne date this document is filed by the Florida Department of State)			
the effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State) Oated April 4 2022			
ated April 4		<u> </u>	
ated April 4			
April 4 2022 toufue fue!	ffective date, if other than the date of fine effective date must be specific, cannot be prior to the date this document is filed by the Florida Depart	ling: p date of receipt or filed date an	(optional) d cannot be more than 90 days after
Signature of a member or authorized representative of a member			
Signature of a member or authorized representative of a member		204	- Company
	Signature c	if a member or authorized repr	esentative oya member
Luz Jaque Lopez Typed or printed name of signee	3.g.iaturo (