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	COVER LETTER		
TO: Registration S Division of Co			
	-		
SUBJECT:	Manry PLIC Name of Lim	ited Liability Company	
		· · /	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Pa	Name of Person	
		Name of Person	
	M	Anry PLC	
		Firm/Company	
	1111	Brickell Aver	nue, Suite 1100
		Aildress	
	Mi	ami, FL 33 City/State and Zip Code	131
	E-mail addless: (	to be used for future annual	report notification)
For further information	concerning this matter, please c	all:	
Paul M	0 at 1	305	907 - 7705
Name	of Person	at () Area Code	Daytime Telephone Number
Enclosed is a check for the \$25.00 Filing Fee	of Person	at ( <b>305</b> ) Area Code	
		tadditional copy is en	closed) Certified Copy (additional copy is enclo
	ING ADDRESS:		T/COURIER ADDRESS:
Registration Section Division of Corporations		Divișion	tion Section of Corporations
	30x 6327 ussee, FL 32314		ecutive Center Circle
			see, FL 32301

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ARTICLES OF A	
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Margin Pill	
(Name of the Limited Liability Compa	ny as it now appears on our records.) Lability Company)
(A Horida Limited I.	hability Company)
The Articles of Organization for this Limited Liability Company	were filed on April 27, 2017 and assigned
Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" of the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	11   Brickell Avenue
(Principal office address MUST BE A STREET ADDRESS)	Suite 1100
	<u>_Miami, FL_33131</u>
Enter new mailing address, if applicable:	IIII Brickell Avenue
(Mailing address MAY BE A POST OFFICE BOX)	Suite 1100
	Miami, FL 3313]
B. If amending the registered agent and/or registered of	
registered agent and/or the new registered office address here	
Name of New Registered Agent:	<u> </u>
New Registered Office Address:	
	Enter Florida street address
	Florida 🗮 🔗
	City See Zip Code
New Registered Agent's Signature, if changing Registered Agent:	

X

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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



, 1 If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: . .

I

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MGR = Manager AMBR = Authorized Member

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<u>Title</u>	<u>Name</u>	Address	Type of Action
			O Add
		·	C Remove
			Change
			🗆 Add
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	<u> </u>		O Add
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			Remove
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			Remove
			Change
			🔤 🗆 Add
			Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Article III as follows: Change 1. Remove "Licensed CPA - Accounting /Bookkeeping "Licensed CPA - Assurance and z. Add Advisory 2 0 -ഗ 5 (optional) 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 90 days after filing.) Pursuant to 605.0207 (3)(b) <u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated	July 24 2017	
	7.2	$\sim$
	Signature of a member or authorized represer	nta (veri a member
·	Typed or printed name of sig	nee

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Filing Fee: \$25.00