

9/4/2018

Division of Corporations

U170001 89801

Florida Department of State
Division of Corporations
Electronic Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : TAXLEAF.COM INC
Account Number : 120140000084
Phone : (305)541-3980
Fax Number : (888)772-8108

18 SEP - 4 PM 10:00

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

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MANASES HOLDING LLC**

Certificate of Status	0
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SEP - 5 2018

S. PRATHER

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**ARTICLES OF AMENDMENT
 ~ TO
 ARTICLES OF ORGANIZATION
 OF**

MANASES HOLDING 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 SEPTEMBER, 7TH, 2017 and assigned
 Florida document number L17000189801.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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

City, Florida 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

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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>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	YOSBEL ALFONSO	1549 NE 123RD ST	☐ Add
		NORTH MIAMI, FL 33161	☒ Remove
MGR	PETER JOEL JESSEN	10411 ARBOR GROVES PLACE	☒ Add
		RIVERVIEW, FL 33578	☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

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

E. Effective date, if other than the date of filing: _____ (optional)

Effective date must be specific, cannot be prior to date of receipt or filed document and cannot be more than 90 days after the date this document is filed by the Florida Department of Banking

Dated AUGUST, 28TH 2018



Signature of a member or authorized representative of a member

PETER CHRISTIAN JESSEN

Typed or printed name of signer

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