L180000069971

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	idress)	
(Cir	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Dc	ocument Number))
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

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04/29/19--01011--027 **25.00



R. WHITE MAY 21 2019

COVER LETTER

TO:	Registration So Division of Cor			1
SUBJI	ect.	Manases Interior Trim LL	С	
SUBJI	ECT:	Name of Lim	nited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		C	hristina Pettys	
			Name of Person	g: Person ting Inc mpany n Pkwy Ste G ess FL 32407 d Zip Code il.com ture annual report notification) 230-6291 Code Daytime Telephone Number iling Fee & Certificate of Status &
		Pettys	Tax & Accounting Inc	
		 -	Firm/Company	
		8406 Pana	ama City Beach Pkwy Ste G	
			Address	
		Panar	ma City Beach, FL 32407	
		F	City/State and Zip Code pettystax@gmail.com	
		E-mail address: (to be used for future annual report notif	ication)
For fur	ther information c	oncerning this matter, please ca	all:	
Chr	istina Pettys		850 230-6291	
	Name o	f Person		Telephone Number
Enclose	ed is a check for th	ne following amount:		
\$25	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy

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



May 9, 2019

CHRISTINA PETTYS 8406 PANAMA CITY BEACH PKWY STE G PANAMA CITY BEACH, FL 32407

SUBJECT: MANASES INTERIOR TRIM LLC

Ref. Number: L18000069971

We have received your document for MANASES INTERIOR TRIM LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Page one is missing from your document. Please find enclosed and include the missing page.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White Regulatory Specialist III



Letter Number: 319A00009362

COVER LETTER

SUBJECT:	Manases Interior Trim LL	С	
300 2 ECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	E-mail address: (to be used for future annual report notification) erning this matter, please eall: at () at () Area Code Daytime Telephone Number bllowing amount:	
Please return all correspo	ondence concerning this matter	to the following:	
	Christina Pettys		
	Manases Interior Trim LLC		
	636 Malaga Place	Firm/Company	
	Panama City Beach, FL 32		
	pettystax@gmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notific	cation)
For further information of	concerning this matter, please ea	all:	
Christina Pettys		850 230-6291	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fcc	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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

Manasas Interior Trim LLC

2019 10 17 20 77 9: 36

(<u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appears on our records.) cd Liability Company)	•
The Articles of Organization for this Limited Liability Compa Florida document number L18000069971	any were filed on 03-19-2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	iability 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)	2	
Enter new mailing address, if applicable:		· · ·
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		r the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida _	
 	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 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	Marbin Castro-Valenzuela	636 Malaga Place Panama City Beach, FL 32413	
			Remove
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			D Add
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		04/1	5/2019			
If the date inserte	ed in this block do	es not meet the	e applicable stati	filing or more than story filing requir	(optional) 90 days after filing.) ements, this date v	Pursuant to 605.020 vill not be listed a
cord specifies 90th day afte	a delayed effe er the record is	ctive date, s filed.	but not an eff	fective time, a	t 12:01 a.m. c	on the earlier o
March	23	\sim	019.			
	If the date inserte ent's effective da cord specifies	If the date inserted in this block do ent's effective date on the Department's effective date on the Department of the specifies a delayed effective and specifies a delayed effective date in this block do not be specified in this block do not be specified as the specified in this block do not be specified in the specified in this block do not be specified in the specified in th	ive date, if other than the date of filing:ective date is listed, the date must be specific and cannot If the date inserted in this block does not meet the ent's effective date on the Department of State's	If the date inserted in this block does not meet the applicable statuent's effective date on the Department of State's records. Ford specifies a delayed effective date, but not an effective date.	ective date, if other than the date of filing: ective date is listed, the date must be specific and cannot be prior to date of filing or more than If the date inserted in this block does not meet the applicable statutory filing requirent's effective date on the Department of State's records. cord specifies a delayed effective date, but not an effective time, a	to the date, if other than the date of filing: (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date vent's effective date on the Department of State's records.

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00