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COVER LETTER

TO: Registration Se Division of Cor	porations		
SUBJECT: MA	nchester	Hoors And Mitted Liability Company	Tore LLC
 _	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		Manchester	
	Manches	ter Floogs An	d More LLC
	1581 W.	Henry Blair	LANE
,	Dunnellon	FL 344.	34
	JWMHnch E-mail address: (City/State and Zip Code ester 79 C C to be used for future annual report notification	MAIL (COM)
For further information co	oncerning this matter, please ca	all:	
JASON M Name of	1 Anchestez	at (351) Le 51- Area Code Daytime Tele	SGS 1 ephone Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:	
Registration S Division of C		Registration Section Division of Corpora	
P.O. Box 632	-	The Centre of Talla	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on or Liability Company)	ur records.)		
The Articles of Organization for this Limited Liability Company Florida document number <u>レ 18000 14698</u> え	y were filed on 6 -/	4-2018	and assig	ned
This amendment is submitted to amend the following:				.C."
A. If amending name, enter the new name of the limited lial	bility company here:			
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designat	ion "LLC" or the a	abbreviation "L.L.G	
Enter new principal offices address, if applicable:			- 	
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:			2021 OCT	egrand in
(Mailing address MAY BE A POST OFFICE BOX)			25. 6	1 . r .
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our record	s, <u>enter the na</u> i	ne of the new 1	egistered
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida str	eet address		
		, Florida		
	City		Zip Code	
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>			

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

Type of Action Title Name MGR JASON Mirnchester 1581 WHENRY Blair Lake DAdd Dunnellon, FL 34434 *Remove AMBR JASON MANChester 1581 WHENRY Blair MAND DUNNELLON FL 34434 Remove _____ 🗆 Change _ □Change ☐ Change □Add _____ □Change

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fective date, if ot on effective date is lis	her than the date	e of filing: specific and canno	ot be prior to date o	of filing or more than	(optional) g.) Pursuant to 605.020
ote: If the date ins	erted in this block of	does not meet t	ne applicable sta	tutory filing require	ements, this date	e will not be listed a
ocument's effective	date on the Depart	imeni oi state s	records.			
record specifies a d	elaved effective da	te but not an ef	fective time, at 1	2:01 a.m. on the ea	urlier of: (b) T	he 90th day after the
is filed.	sayed effective da		rective time, at 1	2.01 4 011 1110 20		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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Filing Fee: \$25.00