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(Re	equestor's Name)
(Ac	ddress)	
(Ac	ddress)	
IO:	hulChata/7in/Dha	
(CI	ty/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	usiness Entity Na	ime)
(D.		<u> </u>
(DX	ocument Number	7)
Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	
		اراما
		9/20/21 TM
		





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21 SE* 10 F#12: 05

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

QF.

MANEKI NECO ENTERPRISE LLC

4 21 SEP 10 PH 12: 05

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

	City	Zip Code		
		ridaZip Code		
	Enter Florida street address	Enter Florida street address		
New Registered Office Address:				
Name of New Registered Agent:				
agent and/or the new registered office address here:	er adarens on our records, <u>emer</u>	ne name of the new registered		
B. If amending the registered agent and/or registered off	fice address on our records, enter t	he name of the new registered		
(Mailing address MAY BE A POST OFFICE BOX)				
Enter new mailing address, if applicable:				
(Principal office address MUST BE A STREET ADDRES.				
Enter new principal offices address, if applicable:				
	Elability Company, the designation EEC	of the appreviation (E.E.C.		
The new name must be distinguishable and contain the words "Limited"	Lishillar Company Waha dani arabia 1914 C	Cardo alla minima M 1 (2)		
A. If amending name, enter the new name of the limited	liability company here:			
This amendment is submitted to amend the following:				
Florida document number L18000192424				
The Articles of Organization for this Limited Liability Comp	pany were filed on 08/13/2018	and assigned		

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

MGR = A AMBR = A	Manager Authorized Member		21 SET 10 PM 12: 05 Type of Action		
<u>Title</u>	<u>Name</u>	Address	21 SET 10 PX 12: 05	Type of Action	
MBR	JESUS A VILLANUEVA	9300 CONROY-	WINDERMERE RD STE 531	≣ Add	
			FLORIDA 34786	□Remove	
				□Change	
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ctive date, if other than the			(optional)
			on 90 days after filing.) Pursuant to 605.020 direments, this date will not be listed as
ament's effective date on the D			
	e date, but not an effective time,	at 12:01 a.m. on the	carlier of: (b) The 90th day after the
filed.			
, SEPTEMBER 8	2021		
rd	. 2021		
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	1111111111		

Typed or printed name of signee