Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H200000654213)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

ä

Account Name : INREP, LLC

Account Number : I20170000048 : (754)333-1797 Phone

: (954)301-0210 Fax Number

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 MANEE PROPERTIES LLC

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Electronic Filing Menu

Corporate Filing Menu

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FEB 2 8 2020

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COVER LETTER

TO: Registration Sec Division of Corp			
	OPERTIES LLC		
SUBJECT:	Name of Limit	ed Liability Company	
The analysis Artistay of	Amendment and fee(s) are subm	med for filing.	
	ndence concerning this matter to		
Please return all correspon	suchee concerning this matter is		
	MARTIN REYES		
		Name of Person	
	INREP LLC		
		Firm/Company	
	2333 N SR 7 STE L		
		Address	~~~~~
	MARGATE FL 33063		20 (%)
		City/State and Zip Code	- C3
	INREP101@OUTLOOK.Co		
		o be used for future annual report noul	ication)
For further information of	concerning this matter, please ca	ıll.	, ,
STEVE MANEE		at () 464-1842 Area Code Daytime	
Name c	of Person	Area Code Daytim	e Telephone Number
linclosed is a check for t	he following amount:		
	☐ \$30 00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		STREET/COUR	IED ANNRESS
	LING ADDRESS: tration Section	Registration Section	on
Divisi	ion of Corporations Box 6327	Division of Corpo Clifton Building	rations
	nassee, FL 32314	2661 Executive C	enter Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

A. If amending name, enter the new name of the limited liability company here: MANEE SERVICES LLC The new name must be distinguishable and contain the words "Limited Liability Company," due designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: N/A	MANEE PROPERTIES LLC (Name of the Limited Liab) (A Flori	lity Company as it now appears on our recorda Limited Liability Company)	<u>ds.</u>)
Enter new principal office 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		Company were filed on 02/08/2019	and assigned
MANEE SERVICES LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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: N/A Name of New Registered Agent: N/A New Registered Office Address: Paper Florida Florida	This amendment is submitted to amend the following:		
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: N/A	A. If amending name, enter the new name of the lin	nited liability company here:	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MLAY 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: N/A	MANEE SERVICES LLC		
Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MLAY 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: N/A Name of New Registered Agent: N/A New Registered Office Address: Enter Florida	The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
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: N/A Name of New Registered Agent: N/A New Registered Office Address: Enter Florida	•	<u> </u>	
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: N/A	(Principal office address MUST BE A STREET ADI	<u> </u>	
(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: N/A	Enter new mailing address, if applicable:	N/A	
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: N/A			- 1
Name of New Registered Agent: New Registered Office Address: N/A		victored office address on our recor	
Name of New Registered Agent: New Registered Office Address: Finer Florida street address Florida Florida	B. If amending the registered agent and/or re- registered agent and/or the new registered office at	ddress here:	<u>:</u>
Enter Florida Areet address	Name of New Registered Agent: N/A	1	
Cny Zip Code	New Registered Office Address:	Enter Florida street add	tess
City Zip Code		•	Florida
		Ciņ	Zip Code

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. Thereby 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>	Name	Address	Type of Action
	N/A		Add
			□ Remove
			Change
			☐ Remove
			☐ Change
			Remove
			Change
			Change
			🗅 Add
			Remove
			Change
			_ _ _ _ \dd
			Remove
			Change

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Effective	date, if other than the date of filing: (optional) (optional) (ive 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 605.02 (optional)
	the date inserted in this brock does not need are approximated.
documen	t's effective date on the Department of State's records.
	to the same of the partier
the recor	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier
) The 9	Oth day after the record is filed.
	2020
Dated	
Dated	
Dated	Signature of a member or authorized representative of a member