L19000055211

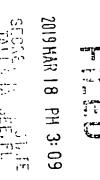
(R	equestor's Name)	
· (A	ddress)	
· (A	ddress)	
(C	City/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(B	Business Entity Nar	ne)
(C	Ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	o Filing Officer:	

Office Use Only



300324634543

03/18/19--01085--001 *+25.00





COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Manning Services LLC. Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Benjamin Paul Hobson Name of Person
Maning Services LLC. Firm/Company
173 Park of fornama City Brach Address
City/State and Zip Code Soccerbusa OS Q amil. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call;
Ber Habs- Name of Person at (205) 863-8431 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Signature S25.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mannina Servic	es LLC.		[Class ta	., Toji
Manning Service	d Liability Company as it (A Florida Limited Liability	now appears on our (Company)	records HAR 18	PH 3: 09
The Articles of Organization for this Limited Li Florida document number <u>419600055</u> 3	ability Company were	filed on	14/2019	indessigned
This amendment is submitted to amend the follo	ewing:			
A. If amending name, enter the new name of	the limited liability co	ompany here:		
The new name must be distinguishable and contain the w	ords "Limited Liability Con	npany," the designation	on "LLC" or the abbrevia	ation "L.L.C."
Enter new principal offices address, if applica	able:			
(Principal office address MUST BE A STREE	T ADDRESS)			
				 -
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I				
B. If amending the registered agent and/oregistered agent and/or the new registered of	.,	ddress on our r	ecords, <u>enter the</u>	name of the ne
Name of New Registered Agent:				
New Registered Office Address:				
		Enter Florida street	t address	
	Cï		, Florida	o Code
	Cr	9	2.4,	Cente

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:

Or remov	ru ii om our records.			
MGR =	Manager			

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Ben Hobson	173 Park Pl. PCB, FL 32	413 🗹 Add
			□ Remove
			Change
· .			🗆 Add
			Remove
			☐ Change
			
			□ Remove
			C'hange
	·		
			Remove
			🗀 Change
			Remove
			Change
	200000		□ Add
			□ Remove
			☐ Change

). If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
٠	
	
(If an e	tive date, if other than the date of filing:
	ccord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	3/14/249
	Signature of a member or authorized representative of a member Au(le S /2 - Mann/nl

Page 3 of 3

Filing Fee: \$25.00