MS55211

(F	(equestor's Name)	
(A	ddress)	
(A	address)	
(0	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	
(C	Ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	o Filing Officer:	

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APR 27 2019 I ALBRITTON

COVER LETTER

то:	Registration Section Division of Corporations
SUBJEC	Manning Services LLC Name of Limited Liability Company
The encl	osed Articles of Amendment and fee(s) are submitted for filing.
Please re	turn all correspondence concerning this matter to the following:
	Charles R Manning Name of Person
	Manning Services LCC Firm/Company
	2816 Laucie Ave
	Panama City Beach FL 32408 City/State and Zip Code Manning Securices UC 850@ amail - cam E-mail address (to be used for future annual report notification)
P 2 .1	1
	er information concerning this matter, please call:
<u>C</u> }	Name of Person at (25) SEI - 5066 Name of Person Daytime Telephone Number
Enclosed	is a check for the following amount:
\$25.0	00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) 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, F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Manning.	Scrviceslic
(<u>Name of the Limited Liability Cym</u> (A Florida Lin tite	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compar	ny were filed on <u>02126/2019</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lig	ability company here:
The new name must be distinguishable and contain the words "Limited Lia	ability 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)	
Enter new mailing address, if applicable:	7019
(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	office address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
	CHY ZHI COW

New Registered Agent's Signature, if changing Registered Agent:

Thereby 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.

City

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	<u>Address</u>	Type of Action
P	Charles R Manni	ing 2816 Causie Lue Panama	Ø Add
		City, FL 32408	
			Change
			□ Remove
			Change
			Remove
			Change
			□ Add
			□ Remove
			Change
			□ Remove
			Change
			🗆 Add
			Remove
			Change

D. ITame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated _.	April 1(a 2019
	Signature of a member or authorized representative of a member
	Charles R Manning

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Filing Fee: \$25.00