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(Re	equestor's Name)	<u> </u>	
(Address)			
(Address)			
(Cit	ty/State/Zip/Phone	= #)	
PICK-UP	WAIT	MAIL	
(Bu	isiness Entity Nan	ne)	
(Do	ocument Number)	_	
Certified Copies	Certificates	of Status	
Special Instructions to	Filing Officer:		

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C. GOLDEN MAR 1 4 2020

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Mann & Shellon Entenpry Ses	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Kendre Maun Name of Person	
Mann & Shelfon entenfnises L	-(
4924 Hampshine D2	
Jacksandle FL 32709 City/State and Zip Code	
Manufer Prices Jang Gmall. Com E-mail address: (to be used for future annual report non-leation)	! _
For further information concerning this matter, please call:	
Ken Mann 31,504, 485-8239	
Name of Person Area Code Daytime Telephone Number	
Englished is a check for the following amount:	
\$25,00 Filing Fee \$\Bigcup \text{S30.00 Filing Fee & Certificate of Status} \Bigcup \$55.00 Filing Fee & Certificate of Status & Certificate of S	

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

Mann & Ste!	N-09-1	Enter	unises	H.C.	كان <i>يكور .</i> بسية
(<u>Name of the Limited Lia</u> (A Flo	i <mark>bility Compar</mark> prida Limited L	ny as it now appears iability Company)	on our records.)		<i>!</i> .
The Articles of Organization for this Limited Liabilit	y Company 26 03	were filed on	5-16-201	and assigned	9
This amendment is submitted to amend the following	· ·				
A. If amending name, enter the new name of the	limited <u>liabi</u>	lity company her	<u>e</u> ;		
The new name must be distinguishable and contain the words "	Limited Liabili	ty Company," the des	ignation "LLC" or the a	abbreviation "L.L.C."	_
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET AD	DRESS)		_		
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)	<u>!</u>				_
			_ <u>-</u>		_
B. If amending the registered agent and/or re registered agent and/or the new registered office a	gistered off ddress here	ice address on c :	our records, <u>enter</u>	the name of the	e new
Name of New Registered Agent:		<u> </u>			 -
New Registered Office Address:					_
		Enter Florid	a street address		-
	 _	City	, Florida	Zin Code	
		\r(1) t		zar waar	

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:

	nager thorized Member		
<u>Title</u>	<u>Name</u>	Address 11 11 11 11 11 11 11 11 11 11 11 11 1	Type of Action
MGR	Alexis Christian	SHILL Hoursold AVC	
			Remove
11. 4	D at 1 a		Change
M6R	ronsing Jackson	1 Stfl Hannold Ave Vacusonville, FL 32	
			Remove
			🗖 Change
· ····			
	-		□ Remove
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	<u>-</u>		□ Remove
	-		Change
			□ Add
	-		□ Remove
	-		Change
			🗆 Add
	-		_□ Remove
	_		_□ Change

I Am Removing flexis (mestern as manager, and Adding Ponshar Jackson as manager I vould Also like to add Ponshar Jackson as Avthorized member to
E. Effective date, if other than the date of filing: (If an effective 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 605,0207 (3)(Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.
Dated

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00