

L1900013813Z

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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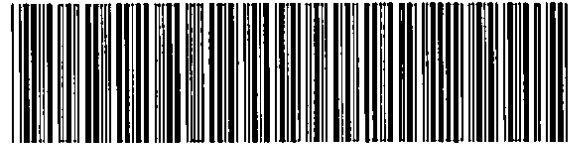
(Business Entity Name)

(Document Number)

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Amend

SECTION OF CORPORATIONS
19 JUN 19 PM 12:28

JUN 22 2019

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Manalia Enterprise, 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:

Lyzia M. Miller

Name of Person

Manalia Enterprise, LLC

Firm/Company

1461 Nw 182nd St

Address

Miami Gardens, FL 33169

City/State and Zip Code

manaliaenterprise@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lyzia M. Miller

954

6104497

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 JUL 19 PM 12:28

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Manalia Enterprise, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 5/22/2019 and assigned Florida document number 19000138132.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability 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:

(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 street address

Florida

City

Zip Code

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:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	LYZIA M. MILLER	1461 NW 182ND ST MIAMI GARDENS, FL 33169	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	GARFIELD W. MILLER	1461 NW 182ND ST MIAMI GARDENS, FL 33169	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	KHALIL R. THOMAS	1461 NW 182ND ST MIAMI GARDENS, FL 33169	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DARIUS M. GARVEY	1461 NW 182ND ST MIAMI GARDENS, FL 33169	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	HARMONI Z. MILLER	1461 NW 182ND ST MIAMI GARDENS, FL 33169	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ERIC T. MENTOR	1461 NW 182ND ST MIAMI GARDENS, FL 33169	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

This image shows a single page from a notebook or ledger. It features ten evenly spaced horizontal black lines across its entire width. The lines are parallel and extend from the left edge to the right edge of the page. There are no vertical margin lines, text, or other markings present. The background is plain white.

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.

Dated JUNE 5, 2019

Luzia M. Miller
Signature of a member or a

Signature of a member or authorized representative of a member

LYZIA M. MILLER

Typed or printed name of signee