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T, MATTHEWS FEB 16 2022

COVER LETTER

Division of Cor	porations		× .
SUBJECT:	MAN TLA THY	ESTMENTS CCC	
	Name of Limite	d Liability Company	
The enclosed Articles of	Amendment and fee(s) are subm	itted for filing.	
Please return all correspo	ndence concerning this matter to	the following:	
	PETER	Name of Person	<u>,</u>
	<u> </u>	Name of Person	
	MANICA	EUVEST MENTS	LLC
		Firm Company	
	36 NE 127 STE	834 MIAMI-E	L 33132
		Address	
		City/State and Zip Code	
	MAN TLA INVE	STMEUTICE 6/1	AGIC. COM
For further information c	oncerning this matter, please call		(Carlon)
WANTERTHIC	>TMENTLLC @ 6HASL	cord at (S6) UZS -	-4755
PETGIS D. C		Area Code Dayrine	Telephone (Author)
Enclosed is a check for th	ne 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)

TO:

Registration Section

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	22 FER - 7 AMIG: 45
(<u>Name of the Limited Liability Co</u> (A Florida Lim	mpany as it now appears on our records.) ited Liability Company)
The Articles of Organization for this Limited Liability Comp Florida document number $\bot 1900202744$.	nany were filed onand assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited $\mathcal{N} \ / \ / \ $	\
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	A
(Principal office address MUST BE A STREET ADDRESS	<u> </u>
Enter new mailing address, if applicable: (Mailing address M.4Y BE A POST OFFICE BOX)	N/A
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, enter the name of the new registered
Name of New Registered Agent:	<i>№ /A</i>
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 amer-ding 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
MGR	PAUCA V. RODIZIOUEZ	36NE 157 STE 834	ŽĮ Add
		MIAMI-FC 33132	□Remove
			☐ Change
			🗆 Add
			Remove
			□ Change
			□Remove
			□Change
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effective date is te: If the date i	other than the date of filing isted, the date must be specific and ascreted in this block does not move date on the Department of St	cannot be prior to date of neet the applicable state	filing or more than 90 day	(optional) s after filing.) Pursuant to 605. s, this date will not be liste
cord specifies a filed.	delayed effective date, but not a	an effective time, at 12	2:01 a.m. on the earlier	of: (b) The 90th day after
ed <u>0</u> 7	lor brore.			2
	-	1 miles		>
				
	Signature of a n	nember or authorized repr	resentative of a member	

Filing Fee: \$25.00