## L19000235859

(Re	questor's Name)	
(Add	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Canada Instructions to 1	Cilian Officer	
Special Instructions to	Filing Officer.	
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Office Use Only



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## **COVER LETTER**

Manke Er	ngineering Solutions L L C		
CODUCET.		imited Liability Company	
	f Amendment and fee(s) are so condence concerning this matte		
	Mark Manke		
		Name of Person	
	Manke Engineering Solu	tions	
		Firm/Company	
	809 hummingbird Way		
	<del></del> -	Address	
	North Palm Beach, FL, 33	3408	
	mmanke561@gmail.com	City/State and Zip Code	
Pari Carelani I. C		(to be used for future annual report notifi	cation)
	oncerning this matter, please o	call:	
Mark Manke		561 889-2298 at ()	
Name of	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	e 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	i	Street Address:	

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

TO:

Registration Section
Division of Corporations

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



2821 DOT 20 AN 10: 36

## FLORIDA DEPARTMENT OF STATE Division of Corporations

October 11, 2021

MARK MANKE 809 HUMMINGBIRD WAY NORTH PALM BEACH, FL 33408

SUBJECT: MANKE ENGINEERING SOLUTIONS, LLC

Ref. Number: L19000235859

We have received your document for MANKE ENGINEERING SOLUTIONS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

You failed to sign the form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 821A00024615

Irene Albritton Regulatory Specialist III

www.sunbiz.org

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Manke Engineering Solutions, L. L. C. (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 September 18 2019 and assigned Florida document number L19000235859 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Mankey Wrench Solutions LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 809 Humming Bird Way Enter new principal offices address, if applicable: North Palm Beach, FL 33426 (Principal office address MUST BE A STREET ADDRESS) Suite 1C 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

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 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	Membe

<u>Title</u>	<u>Name</u>	Address	Type of Action
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ffective date, if other than the date an effective date is listed, the date must be other. If the date inserted in this block ocument's effective date on the Department.	a does not meet me app	iicadie statutory ttiing i	(optional) to than 90 days after filing.) requirements, this date v	Pursuant to 605.020 will not be listed a
ecord specifies a delayed effective d	ate, but not an effective	time, at 12:01 a.m. on	the earlier of: (b) The	90th day after the
is filed.				
Sentember 20th	2021			
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September 20th	, 2021	2-2-		