## 119000303161

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## **COVER LETTER**

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sub iect.		11885, LLC		
SOBJECT	:	Name of Lim	ited Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		RAQUEL P CUETO		
			Name of Person	<del></del>
		MANTUA 11875 LLC		
			Firm/Company	
		12930 SW 191ST ST		
			Address	
		MIAMI, FL 33177		
		praxy00@gmail.com	City/State and Zip Code	
			to be used for future annual report noti	fication)
For further	information c	oncerning this matter, please c	all:	
RAQUEL	P CUETO		914 473-9186	
	Name o	f Person	at () Area Code Daytim	e Telephone Number
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)
	ailing Addres		Street Address:	etion
Registration Section Division of Corporations		Registration Sec Division of Cor	porations	
	O. Box 632 allahassee, l		The Centre of T 2415 N. Monro	`allahassee e Street, Suite 810
		<del></del> -	Tallahassee, FL	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MANTUA 11875 LLC

MANTUA 11073 LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L19000303161	were tiled on 12/12/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abhreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<del></del>
	·	9020 SEC
		選集工
Enter new mailing address, if applicable:		- 10 A T
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered office	uddraes an aug rasards, antog the	: ::::::::::::::::::::::::::::::::::::
gent and/or the new registered office address here:	address on our records, enter the	maine of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florid	da
	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>	Type of Action
MGR	MARIA I AMADOR	55 DARWELL DRIVE	[]Add
		WETHERSFIELD, CT 06109	■Remove
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		<del></del>	□Add
			□Remove
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reffective da <u>te:</u> If the d	ite is fisted, the da late inserted in	this block does	ic and cannot be p not meet the ap	plicable statute	ing or more than 9 ory filing require	(optional) ) days after filing.) P ments, this date wi	ursuant to 605,0207 Il not be listed as
ecord specific is filed.	fies a delayed e	ffective date, bu	it not an effecti	ve time, at 12:0	I a.m. on the car	flier of: (b) The (	90th day after the
DECE	MBER 30		2019	م			
	Rai	pu)		<u></u>	· •		
		Signature	of a member or	authorized repres	sentative of a mem	ber	
	· /						