## 220 0000004166

(Re	questor's Name)	
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PICK-UP	WAIT	MAIL.
(Bu	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	Certificates o	of Status
Special Instructions to	Filing Officer	
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Office Use Only



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## **COVER LETTER**

TO: Registration Se Division of Cor			
Mannfredo	o, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Adrian Mann		
		Name of Person	
	Mannfredco, LLC		
		Firm/Company	
	1720 Fennell St.		
	<del></del>	Address	<del></del>
	Maitland, Fl 32751		
		City/State and Zip Code	
	amannianx@gmail.com		
For further information c	E-mail address: ( concerning this matter, please c	to be used for future annual report national all:	otification)
Adrian Mann		321 356-1699	9
Name o	of Person	at ()	time Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration		Street Address:	
Division of Corporations		Registration Section Division of Corporations	
P.O. Box 632		The Centre o	f Tallahassee
Tallahassee,	FL 32314	2415 N. Mon	roe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MANNFREDCO, 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 12-23-19 Florida document number L20000004166 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 1720 Fennell St. Enter new mailing address, if applicable: Maitland, FL 32751 (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

## 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>	Address	Type of Action
MGR	Adrian Mann	1720 Fennell St., Maitland, FL 32751	🗏 Add
			Remove
			□ Add
		<del> </del>	Remove
			□ Change
			□Add
			□Remove
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Note: If the date it	other than the date of isted, the date must be specifiserted in this block does to date on the Department	not meet the applica	o date of tiling or mor ble statutory filing	(option re than 90 days after fi requirements, this o	nal) ling.) Pursuant to 605.0207 (; date will not be listed as th
he record specifies a ord is filed.	delayed effective date, bu	t not an effective tin	ne. at 12:01 a.m. or	n the earlier of: (b)	The 90th day after the
Dated September	15, ———	2020	_·		
	Signature	of a member or author	ized representative of	f a member	
Fred R	dalli, Member				
		Typed or printer	I name of signee		<del>-</del>

Filing Fee: \$25.00