## 120000063778

Office Use Only



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DIVISION OF CORPORALISM

T. MATTHEWS JUN 27 2022

## **COVER LETTER**

TO:

Registration Section Division of Corporations

CLID IT CYP.					
SUBJECT.		ited Liability Company	·		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	AMAURY PASOS				
		Name of Person			
	MANAGH HOLDINGS. I	JLC			
		Firm/Company			
	5215 HILLVIEW LANE				
	Name of Person  MANAGH HOLDINGS, LLC  Firm/Company  5215 HILLVIEW LANE  Address  ORLANDO, FL 32819  City/State and Zip Code  JRPASOS@ICLOUD.COM  E-mail address: (to be used for future annual report notification)  on concerning this matter, please call:  at (				
	ORLANDO, FL 32819				
		City/State and Zip Code			
	E-mail address: (	to be used for future annual report not	itication)		
For further information of	oncerning this matter, please c	all:			
AMAURY PASOS					
Name o	f Person		ne Telephone Number		
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy		
Mailing Addres Registration S			ection		
Division of C	orporations	_			
P.O. Box 632					
Tallahassee, I	1. 32314	2415 N. Monro	e Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

N FILLD SECRETARY OF STATE DIVISION OF CORPORATIONS

APASOS USA (FLORIDA), LLC

22 MAY -5 AM 9: 30

(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 L. Florida document number 1.20000063778		y were filed on $\frac{02/2}{2}$	7/2020	and assigned
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name of	of the limited lia	bility company her	r <u>e</u> :	
N/A				
The new name must be distinguishable and contain the	words "Limited Lial	bility Company," the de-	signation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:		N/A		
(Principal office address MUST BE A STREE	ET ADDRESS)		<u> </u>	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered agent and/or the new registered office address here:			cords, <u>enter the nan</u>	
	<del></del>			
Name of New Registered Agent:	N/A	<del></del>		
New Registered Office Address:	N/A	Param Plant	da street address	
		i,mer i con a	ar su cer tam ess	
			, Florida	West Control
		•		лір Соае
New Registered Agent's Signature, if changing	Registered Agen	<u>it:</u>		

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
AMBR	DENYSE FRANCISCA FERRARI	5215 HILLVIEW LANE	
		ORLANDO, FL 32819	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
		<del></del>	□Remove
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N/A					<u>-</u>			<del></del> -	
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	<del>_</del> _								
an effective date <b>Sote:</b> If the date	if other than the list listed, the date is inserted in this ctive date on the	must be specific s block does n	and cannot be not meet the a	applicable s	of filing or tatutory fil	more than Sing require	(option of the control of the c	filing.) Purs	suant to 605.020 not be listed a
record specified is filed.	s a delayed effe	ctive date, but	not an effec	ctive time, a	; 12:01 a.m	ı. on the ea	ırlier of: (b	) The 901	th day after th
MAY 2nd	1		2822						
Dated	AX	DIVE	/ — >	·					
						<del></del>			
<del>4</del>		Signature o	of a member o	or authorized	representati	ve of a mer	iber		

. .

Filing Fee: \$25.00