## L20 CCOC 35767

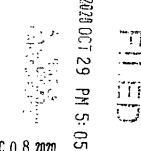
(Requestor's Name)	
(Address)	700352848
(Address)	
(City/State/Zip/Phone #)	10/29/20010240
(Business Entity Name)	
(Document Number)  Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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## **COVER LETTER**

Registration Section
Division of Corporations

TO:

SUBJECT: MAN	AGEMENT HOL	OIN & GROUP LLC	<u>-</u>
<del></del>	Name of Lim	ited Liability Company	<del>.</del>
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Mary	KINGDOM	
		Name of Person	
	MANAGEMEN	T HOUDING GROW	y LLC
		Firm/Company	<u> </u>
	478 E.A	LTAMINTE DRIVE Address	= Saite 102-730
		Address	
	A LTAMONTE	SPRINGS FC 32 City/State and Zip Code	2701
		i i	
	Formail address: (	TPENSES & gmail. to be used for future annual report noti	fication)
For further information co	oncerning this matter, please ca	•	
MARY	KINCOOM	at (407) Area Code Daytim	676-8261
Name of	Person	Area Code Daytim	e 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 Fce, Certificate of Status & Certified Copy (additional copy is enclosed)
Malling Address Registration S Division of C P.O. Box 632	ection orporations	Street Address: Registration Se Division of Co The Centre of T	porations
Tallahassee, F			e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MYNAGEMENT HO	LUING GROUP	<u> </u>	
(Name of the Limited Liab (A Flor	pility Company as it now appears ( ida Limited Liability Company)	on our records.)	707
			. 60
The Articles of Organization for this Limited Liability	Company were filed on	3/20/20 and	assigned
Florida document number L 300008	57.67		2020 OCE 29 F
			2
This amendment is submitted to amend the following:		J	
A. If amending name, enter the new name of the li	mited liability company here	<u>e</u> :	5: 06
• • • • • • • • • • • • • • • • • • • •			. 01
The new name must be distinguishable and contain the words "L	imited Liability Company," the des	ignation "LLC" or the abbreviation	ı "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADI	DRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or register agent and/or the new registered office address here	red office address on our rec	ords, enter the name of the	new registered
Name of New Registered Agent:			·
New Designand Office Address			
New Registered Office Address:	Enter Florid	la street address	
		, FloridaZip Co	
	City	Zip Co	ode
New Registered Agent's Signature, if changing Registe	red Agent:		
I hereby accept the appointment as registered agen			

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	CIERRA CLARK	479 E. ALTAMONTE DRIVE Suite 108-730 ALTHMONTE SPRINGS, FL 30-	CXAdd 7 U 1
			□Remove
MGR	CARINA CLARK	478 E. ALTAMONTE DRIV Suite 108-730 ALTAMONTE SPRINGS, FO	□Change ⁄ ⊆ ∇/Add
·		ALTAMONTE SPRINGS, FO	□ Remove
			☐ Change
			□Add
			□Remove
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			□Remove
			Change
			□ Add
			□Remove
			Change

Effective date, if other than the date of filing:    C   T   T   T   T	If amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.  e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the red is filed.  Dated  Dated  Signature of a member or authorized representative of a member		
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	Dated	Verone 15 2020.
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44.4.2042.442.5.44.		Signature of a member or authorized representative of a member

Filing Fee: \$25.00