

L20 000 119766

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

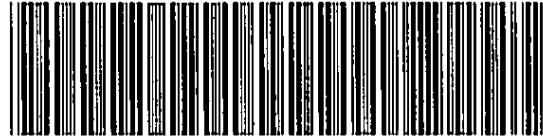
(Business Entity Name)

(Document Number)

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SECRETARY OF  
TALLAHASSEE COUNTY

Cam  
6/25/20

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Manifest Mentality LLC**

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Theresa Amanda Bonner**

\_\_\_\_\_  
Name of Person

**Manifest Mentality LLC**

\_\_\_\_\_  
Firm/Company

**3601 Kernan Blvd S, 0924A**

\_\_\_\_\_  
Address

**Jacksonville, FL 32224**

\_\_\_\_\_  
City/State and Zip Code

**admin@manifestmentality.com**

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Theresa Bonner**

**281**

**691-7828**

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the 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:**

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

**Street Address:**

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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

2020 JUN -5 AM 7: 59

Manifest Mentality LLC

(Name of the Limited Liability Company as it now appears on our records)  
(A Florida Limited Liability Company) TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on May 04, 2020 and assigned  
Florida document number L20000119766.

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 "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

**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

*City*

*Zip Code*

**By 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

**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>	<u>Type of Action</u>
MGRM	Theresa A Bonner	3601 Kernan Blvd S	<input type="checkbox"/> Add
		0924 A	<input type="checkbox"/> Remove
		Jacksonville, FL 32224	<input checked="" type="checkbox"/> Change
Member	Joshua J Bonner	1855 N New Florissant RD	<input type="checkbox"/> Add
		APT 5	<input type="checkbox"/> Remove
		Florissant, MO 63033	<input checked="" type="checkbox"/> Change
Member	Terrance L Collins II	2373 Grasmere Ave	<input type="checkbox"/> Add
		Columbus, OH 43211	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
Member	Justine J Bonner	450 Gold Hill Drive	<input type="checkbox"/> Add
		Apt 206	<input type="checkbox"/> Remove
		Salisbury, NC 28144	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change


This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the 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 rd is filed.

Dated June 01 2020.



Signature of a member or authorized representative of a member

Theresa Amanda Bonner

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Typed or printed name of signee