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COVER LETTER

SHRIFTT			,	
SOBJECT		Name of Lin	nited Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
	Registration Section Division of Corporations MAMMIA FISH OASIS DEL MAR LLC Name of Limited Liability Company Inclosed Articles of Amendment and fee(s) are submitted for filing. return all correspondence concerning this matter to the following: ROSAURA OJEDA Name of Person Firm/Company 14944 SPEER LAKE DR Address WINTER GARDEEN FL. 34787 City/State and Zip Code FISHMAMMA 199@GMAIL.COM Femail address: (to be used for future annual report notification) ther information concerning this matter, please call: URA OJEDA Name of Person Variety of States and Zip Code Fishmamma 199@GMAIL.COM Femail address: (to be used for future annual report notification) The information concerning this matter, please call: URA OJEDA Name of Person Variety of States and Zip Code Fishmamma 199@GMAIL.COM Femail address: (to be used for future annual report notification) The information concerning this matter, please call: URA OJEDA Name of Person Variety of States and Zip Code Certificate of Status & Certified Copy (additional copy is enclosed)			
			Name of Person	
		Name of Limited Liability Company Same of Limited Liability Company Sticles of Amendment and fee(s) are submitted for filing. correspondence concerning this matter to the following: ROSAURA OJEDA Name of Person Firm Company 14944 SPEER LAKE DR Address WINTER GARDEEN FL, 34787 City/State and Zip Code FISHMANIMA199@GMAIL.COM E-mail address: (to be used for future annual report notification) nation concerning this matter, please call: DA Name of Person 407 508-5935 Area Code Daytime Telephone Number ck for the following amount: See □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Certificate of Status Certified Copy Certificate of Certified Copy Certificate of Certified Copy Certificate of Certified Copy Certificate of Certified Copy Certificate Co		
		14944 SPEER LAKE DR		
		WINTER GARDEEN FL.	Name of Limited Liability Company ice(s) are submitted for filing. g this matter to the following: JEDA Name of Person Firm/Company LAKE DR Address RDEEN FL, 34787 City/State and Zip Code 199@GMAIL.COM and address: (to be used for future annual report notification) ter, please call: at (407	
		-	IL.COM	
For further i	information co		·	ication)
ROSAURA	OJEDA			
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	e following amount:		
3 \$ 25.00	Fiting Fee		Certified Copy	Certificate of Status & Certified Copy

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

MANIMA PISH OASIS DEL MAR LLC	1.320 0 1 1 2.
(<u>Nume of the Limited Liability Compa</u> ; A Florida Limited)	iny as it now appears on our records.)
r y 1 tortua Etilited I	Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on 06/01/2020 and assigned
Florida document number 1.20000141229	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L.L.C." 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:	14944 SPEER LAKE DR
Mailing address MAY BE A POST OFFICE BOX)	WINTER GARDEN FL 34787, US
mumg auress Mil 1001 United 1001	
B. If amending the registered agent and/or registered office:	address on our records, <u>enter the name of the new register</u>
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
To Tagingto Office Ladies.	Enter Florida street address
•	Florida
	City Ziv 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>	Address	Type of Action
MGR	ROSAURA OJEDA DE CARVAJ/	14944 SPEER LAKE DR	□Add
		WINTER GARDEN FL. 34787	□Remove
			≡ Change
			□Add
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ective date, if other than the date must be to a lifthy date is listed, the date must be	specific and cannot be prior to o	late of filing or more than 90 d	ays after filing.) Pursuant to 60:	5.0207 (
te: If the date inserted in this block nument's effective date on the Department.	timent of State's records.	e statutory filing requirems	mts, this date will not be list	ted as t
cord specifies a delayed effective d	ate, but not an effective time	at 12:01 a.m. on the earli	er of: (b) The 90th day afte	er the
s filed.				
4TH OF JUNE	2020			
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Kosaura 1	Gjeda de (airajal		
Si	nature of a member of authoriza	ed representative of a member		
ROSAURA OJEDA DE C	- Arvajal			
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Filing Fee: \$25.00