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SECRETARY OF STATE

7/8/20

TO: Registration Section  Division of Corporatio	ns		
SUBJECT: M	Jan and or Limit	ed Liability Company	pent Lle
The enclosed Articles of Amenda	ment and fee(s) are subn	nitted for filing.	
Please return all correspondence	concerning this matter to	o the following:	
	Micana	e Mame of Person	XRA
	Mena	Mere Mana	gement LL
·	14240 (	Neekbed Address	CIR 3478
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	E-mail address: (to	City/State and Zip Code  be used for future annual report no	AL CONS
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MICHNAL MC	Namara	at () Area Code Dayti	7 520 667 me Telephone Number
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Mailing Address:		Street Address:	

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

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

## TO ARTICLES OF ORGANIZATION OF

Manara	Mana	gement	the
( <u>Name of the Elmited Lin</u> (A Flo	ability Company as it orida Limited Liability	now appears on our Company)	records.)
The Articles of Organization for this Limited Liabilit		iled on <u>(4</u> 10	2020 and a
This amendment is submitted to amend the following	<b>3</b> .		
A. If amending name, enter the new name of the  The new name must be distinguishable and contain the words	Mar	nava	n"I I C" or the abbreviation '
Į.	_	SILM 0	17AL-1
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET AL	<del></del>	30710	JUN 2
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX		CIN	5 PH 2: 39
B. If amending the registered agent and/or regist agent and/or the new registered office address he	ered office addres	s on our records,	enter the name of the n
	SAME		
Name of New Registered Agent:			
New Registered Office Address:		Enter Florida street	t address
•	21:		, Florida Zip Coa
	Ci	īy.	гр Соа

## 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 corprovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar v accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this do being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liab company has been notified in writing of this change.

or removed from our records:

MGR = Manager

## AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	<u>Typ</u> (
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tive date, if other than the date of file frective date is listed, the date must be specific . If the date inserted in this block does not a second or the date inserted in this block does not be second or the date.	and cannot be prior to	o date of filing or mor	e than 90 days after f	iling.) Pu
ment's effective date on the Department		ore statutory tiling	requirements, this	uate wii
ord specifies a delayed effective date, but filed.	not an effective fin	ne, at 12:01 a.m. on	the earlier of: (b)	The 9
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Mu	w So	Vaman		
Signature o	f a member of author	ized representative of	f a member	