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COVER LETTER

		COVERCETTER	
TO: Registration S Division of Co			
SUBJECT:	Man <u>ifest</u>	Holdings 6	roup LLC
The enclosed Articles of	f Amendment and fee(s) are sul	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	_Alexa	un dra Kisch	
	Manife	st Holdings	Group LLC
	4877 Palm	Coast parling	ay NW unt 2
	Palm Co.	ast FL 321	37
	alexis. C	City/State and Zip Code Well (all y all	37) gmai 1. Com
For further information c	concerning this matter, please c	all:	
Name o	of Person	at () Area Code Daytim	e Telephone Number
EnclosegLis a check for t	he 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 Addres Registration 5		<u>Street Address:</u> Registration Sec	stion
Division of C		Division of Cor	
P.O. Box 632		The Centre of T	•
Tallahassee, I	FL 32314	2415 N. Monroe	e Street, Suite 810

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Manifest Hold	Company as it now appears on our records)
	Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number 220000267067	impany were filed on $\frac{8/27/3020}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ed liability company here:
The new name must be distinguishable and contain the words "Limit	ed 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 ADDRI	<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:	office address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida strect address
	. Florida
	City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

100

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>	<u>Address</u>	Type of Action
MBR	Amador Nieto San	toyo 4877 Palm Coast prky	□Add
		NW unit 2	[ARemove
		toyo 4877 Palm Coast p/Ky NW unit 2 Palm Coast FL 32,37	□Change
			□Add
			□ Remove
			□ Change
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			□Change
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