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COVER LETTER

TO:

TO:	Registration Se Division of Cor				
		Mi	N MANZUR LLC		
SUBJECT: Name of Limited Liability Company					
The en	closed Articles of	Amendment and fee(s) are subm	nitted for filing.		
Please	return all correspo	ondence concerning this matter to	o the following:		
		Anthony Morales			
			Name of Person		
		MyUSACorporation.com			
			Firm/Company		
		1 Radisson Plaza, Suite 800			
	New Rochelle, NY 10801				
		···	City/State and Zip Code		
		info@myusacorporation.com		N.C. C. C.	
For fur	ther information c	n-mail address: (to oncerning this matter, please cal	be used for future annual report no	mication)	
Antho	ny Morales		877 3302677 at ()		
_	Name o	f Person	Area Code Daytir	me Telephone Number	
Enclose	ed is a check for th	ne following amount:			
□ S2	5.00 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		Street Address: Registration Se	ection	
Registration Section Division of Corporations			Division of Co		
	P.O. Box 6327			The Centre of Tallahassee	
	Tallahassee, I	FL 32314	2415 N. Monre	oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The state of the s

MN MANZUR LLC 21

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(Name of the Limited Liability Compa (A Florida Limited)	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L20000309414	were filed on 10/01/2020 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	1025 E Hallandale Beach Blvd, Suite 15, # 821	
(Principal office address MUST BE A STREET ADDRESS)	Hallandale Beach, FL 33009	
Enter new mailing address, if applicable:	1025 E Hallandale Beach Blvd , Suite 15, # 821	
(Mailing address MAY BE A POST OFFICE BOX)	Hallandale Beach, FL 33009	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter the name of the new register</u>	
New Registered Office Address:		
	Enter Florida street address	
	Florida	
	City Zip 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: And the Control of th MGR = Manager AMBR = Authorized Member Address 21 AUG -9 PH 2: 52 Type of Action **Title Name** _____ □Remove ___ □ Add ______ Change _____ Remove ____ □Change □Remove

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	n, enter change(s) here: (Attach additional sheets, if necessary.) 21 AUG - G FH 2: 52
	
 	
	a direction of the control of the co
fective date, if other than the date of effective date is listed, the date must be	te of filing: (optional) specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207
ote: If the date inserted in this block	does not meet the applicable statutory filing requirements, this date will not be listed as
ocument's effective date on the Depar	rtment of State's records.
	ate, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
is filed.	
2-1-5	2021
2nd Day of August	· · · · · · · · · · · · · · · · · ·
Sign	mature of a member or authorized representative of a member
	Cristobal Manzur
	CHORDAL PRINTER