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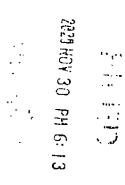
(Requestor's Name)
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(Document Number)
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S. YOUNG

COVER LETTER

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Registration Section

Division of Corporations				
	Manifest, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Mackenson Henry			
		Name of Person		
	Find Your Manifest, LLC			
	 -	Firm/Company		
	1730 Brightmeadow ct			
		Address		
	Orlando, FL 32818			
	findyourmanifest@gmail.co	City/State and Zip Code		
		to be used for future annual report no	tification)	
For further information c	oncerning this matter, please c	ail:		
Mackenson Henry		407 797-9400 at ()		
Name o	f Person		ne Telephone Number	
Enclosed is a check for the	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 Address Registration S	Section	Street Address: Registration So		
Division of Corporations P.O. Box 6327		The Centre of	Division of Corporations The Centre of Tallahassee	
Tallahassee, l	FL 32314	2415 N. Monro	oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Find Your Manifest, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{10/19/2020}{10/19/2020}$ Florida document number L20000329858 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Find Your Manifest, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 1730 Brightmeadow et Orlando, FL 32818 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 1730 Brightmeadow et Orlando, FL 32818 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: Mackenson Henry Name of New Registered Agent: 1730 Brightmeadow ct New Registered Office Address: Enter Florida street address , Florida 32818

Zip Code Orlando City

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>	Name	Address	Type of Action
MGR	Mackenson Henry	1730 Brightmeadow et Orlando, FL 32818	_ ' □Add
		UN	Remove
			□Change
AMBR	Mackenson Henry	1730 Brightmeadow et Orlando,FL 32818 U.S.A.	= Add
			□Remove
			□Change
			🗆 Add
			□Remove
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			□ Remove
			□Change

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Note: If the date inserted in the	e must be specific and cannot be prior to date of filing	(optional) or more than 90 days after filing.) Pursuant to 605.0207 (3)(b filing requirements, this date will not be listed as the
f the record specifies a delayed eff ecord is filed.	ective date, but not an effective time, at 12:01 a	.m. on the earlier of: (b) The 90th day after the
Dated 11/25	2020	
	Mulle Day A Liver	

Typed or printed name of signee