LZ1000047068

(Requestor's Name)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	
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Certified Copies Certificates of Status	_
Consideration As Ellin Confi	\neg
Special Instructions to Filing Officer:	
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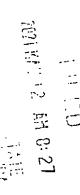
Office Use Only



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6/18/21



COVER LETTER

TO: Registration Se Division of Cor			
Prince Mar			
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Emmanuel Etienne		
		Name of Person	
	Prince Manno LLC		
	 -	Firm/Company	
	15501 NE 6TH AVE Apt	213	
		Address	
	NORTH MIAMI BEACH	, FL 33162	
	Lilmanno22@yahoo.com	City/State and Zip Code	
	-	to be used for future annual rep	ort notification)
For further information c	oncerning this matter, please c	all:	
EMMANUEL ETIENN	E	305 879-3	852
Name o	f Person		Daytime Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclose	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy tadditional copy is enclosed)
Mailing Addres		Street Addr	
Registration 9 Division of C			on Section
P.O. Box 632	•		of Corporations re of Tallahassee
Tallahassee, l			Aonroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRINCE MANNO 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 \(\text{02/08/2021}\) and assigned Florida document number <u>L21000067068</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability 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: (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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Emmanuel Etienne	15501 NE 6TH AVE 213 MIAMI, FL 33162	= Add
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			Channa

fective date, if other than the date of filing:	(optional)
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