LZI 000357146

(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Linky Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





400371728024

08/16/21--01048--002 **25.00



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Mame of Limited Liability Company Subject: Mame of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Guerda Dalger Felix Name of Person
Mambo DJab Andy D-Felix
13725 NIE 6AVE \$-07 201
City/State and Zip Code City/State and Zip Code E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Marine of Person at Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$530.00 Filing Fee & Certificate of Status}\$\$\$ Certificate of Status \$\Bigcup \text{\$Copy (additional copy is enclosed)}\$\$\$\$ Certified Copy (additional copy is enclosed)

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

Street Address:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Manbo 1	uab A	m Dey	D-Feli	x LC
(Name of the Limit	<u>rd Liability Compa</u> (A Florida Limited I	ny as it now appea .iability Company)	rs on our records.)	
The Articles of Organization for this Limited Li Florida document number 12100			8 9 20	and assigned
This amendment is submitted to amend the following	wing:			
A. If amending name, enter the new name of	the limited liabi	ility company ho	ere:	
The new name must be distinguishable and contain the we	ords "Limited Liabili	ity Company," the d	esignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applica	ıble:	13.Ac	25 ME	E. COAVE APT 20
(Principal office address MUST BE A STREE	<u>r Address)</u>	Noun	<u> Dia</u>	ne 9/33/61
			-	- F23
Enter new mailing address, if applicable:		13729	J. 3, N. E. C	DE POTOU)
(Mailing address MAY BE A POST OFFICE I	<u>30X)</u>	Nim	or bu 3.1	1.33761
			 	<u> </u>
B. If amending the registered agent and/or reagent and/or the new registered office address		ddress on our r	ecords, <u>enter the na</u>	me of the new registered
Name of New Registered Agent:	- Gu	e-da	Dal Ger	Felix
New Registered Office Address:	130	25 A Enter Flor	LE. 6 F	AVE APT 201
	M:M	9 Mi	, Florida _	3161 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 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>dress</u>		Type of Action
Maga	Gueidu	Dalger Telix	13925	N.E.6Ave	N, Miami _= 133161
		_			□Remove
		_			🗆 Change
					🗀 Add
					□Remove
		_			Change
					GAdd
					Remove
					□Change
					E □Add =
					□Remove
					□Change
					🖸 Add
					□Remove
					□Add
					□Remove □Change
					~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~

			· _ · · · · · · · · · · · · · · · · · ·							
							 _			
										
								·		
		 -								
								•	25.5	
									, U	
			<u>-</u> -					F .	916	
	·							<u></u>		
									PH	
									β: 1,0	
			·						G	
										
							·			
				<u> </u>	1					
			(2 10	120	> 1				
E ffective o if an effective	late, if other the date is listed, the	ian the date to	of filing:	at be prior to	date of filing	or more than 90	(optiona	d) ng VPursua	nt to 605 (רחים
Note: If th	ie date inserted i	n this block do	es not meet ti	he applicab						
document':	s effective date c	n the Departm	ent of State's	records.						
,										_
e recora spe ed is tiled.	ecifies a delayed	effective date.	but not an ef	fective tim	s, at 12:01 a.	m, on the ear	ier of: (b)	The 90th o	iay atter	the
	$\sim 1 - 1$	<i>(</i> \)								
Dated	2/9/)-(cs)	32/		. /					
Jatea)	,			
Jatea			- $(//$			1 0				
Jated		/	7,50		////					
Jated		Signati	ire of a membe	or authoria	red representa	tive of a memb	er i			

State of Florida Department of State

I certify from the records of this office that MANBO DJAB ANDEY D-FELIX LLC, is a limited liability company organized under the laws of the State of Florida, filed electronically on August 09, 2021, effective August 04, 2021.

The document number of this company is L21000357146.

I further certify that said company has paid all fees due this office through December 31, 2021, and its status is active.

I further certify that this is an electronically transmitted certificate authorized by section 15.16, Florida Statutes, and authenticated by the code noted below.

Authentication Code: 210809165031-300371431763#1

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Ninth day of August, 2021



Laurel M. Lee Secretary of State