

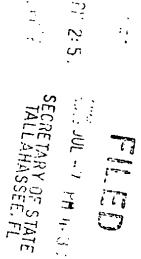
(R	(equestor's Name)	
(A	ddress)	
(A	.ddress)	
(C	ity/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
(B	Business Entity Name)
(Č	Pocument Number)	
Certified Copies	Certificates of	f Status
Special Instructions to	o Filing Officer:	
	Q. SILAS	
	JUL 0 8 2022	

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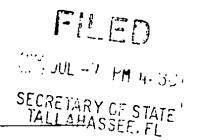


CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

MANASA HOLDIN	IGS LLC		
			
			
			Am action 17th
· · · · ·	· ·		Art of Inc. File
			LTD Partnership File
			Foreign Corp. File
			L.C. File
,			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art. of Amend. File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
Signature			Fictitious Owner Search
- g			Vehicle Search
			Driving Record
Requested by:			UCC 1 or 3 File
Name	Dota	Time	UCC 11 Search
Name	Date	THIC	UCC 11 Retrieval
Walk-In 174 Ponder's Printing - Thomiseville GA &ro		p	Courier

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



MANASA HOLDINGS 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 Com	pany were filed on $\frac{01}{2}$	/05/2022	and assigned
Florida document number L22000012450			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability company h	ere:	
The new name must be distinguishable and contain the words "Limited	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 ADDRES	<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 o agent and/or the new registered office address here: Name of New Registered Agent:	ffice address on our	records, <u>enter the</u>	name of the new registered
New Registered Office Address:			
	Enter Flo	orida street address	
	City	, Florid	Zio Code
New Registered Agent's Signature, if changing Registered A			5 \$ 00 3
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and comaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered company has been notified in writing of this change.	aplete performance o nt as provided for in	f my duties, and I Chapter 605, F.S	am familiar with and . Or, if this document is
i	If Changing Registered A	gent, Signature of No	rw 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

Title	Name	Address	Type of Action
MGR	Michael Abadi		D.Add
		1160 Kane Concourse,301,Bay Harbor Isl, FL 33154	l ≅Remove
			□ Change
MGR	Michael Abadi-Balid	1160 Kane Concourse,301,Bay Harbor, Isl,FL33154	= Add
			□Remove
			□Add
			□ Remove
			Change
			□Add
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			_ Change
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			Change

				
				
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ective date, if other than the effective date is listed, the date in this current's effective date on the	block does not meet the	e applicable statutor	(opt ag or more than 90 days aft y filing requirements, th	ional) or filing.) Pursuant to 605.03 dis date will not be listed
ocord specifies a delayed effect is filed.	ive date, but not an eff	ective time, at 12:01	a.m. on the earlier of: (b) The 90th day after t
July I	202	2		
	Signature of a member		-	

Filing Fee: \$25.00