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(Reque	estor's Name)	
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PICK-UP	WAIT	MAIL
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(Docur	ment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filin	ng Officer:	

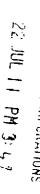
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S. CHATHAM OCT - 6 2022



COVER LETTER

Registration Section TO: **Division of Corporations**

MADE IN JAPAN DORAE, LLC	

SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ENNIO MANNELLA		
	MADE IN JAPAN DORAI	Name of Person	·
	8700 NW 36 ST SUITE A	Firm/Company	
		Address	<u> </u>
	MIAMI, FL, 33166		
	emannella@me.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	fication)
For further information of	oncerning this matter, please ca	all:	
ENNIO MANNELLA		786 2513229	
Name o	of Person	at () Area Code Daytim	e 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 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

MADE IN JAPAN DORAL, LLC

company has been notified in writing of this change.

(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 and assigned Florida document number ____ 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 "LLC" or the abbreviation "LLC" 8700 NW 36 ST SUITE A113 Enter new principal offices address, if applicable: DORAL, FL33166 (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 Florida 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

If Changing Registered Agent, Signature of New Registered Agent

f 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> Fitle</u>	<u>Name</u>	<u>Address</u>	Type of Action
MBR	ENNIO MANNELLA	8800 SW 412 ST, MIAMI, FL 33176	
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<u>te:</u> If the date inserted in this	he date of filing: must be specific and cannot be prior to o block does not meet the applicabl Department of State's records.	(op late of filing or more than 90 days aft e statutory filing requirements, the	tional) er filing.) Pursuant to 605.020 his date will not be listed as
cord specifies a delayed effects filed.	tive date, but not an effective time	, at 12:01 a.m. on the earlier of:	(b) The 90th day after the
MAY, I	2022		
ted		J	
	Signature of a member or authoriz	<i>)</i>	