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COVER LETTER

Division of Corporations MANCHA COMPANY LLC SUBJECT: Name 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: VASQUEZ, CESAR E Name of Person MANCHA COMPANY LLC Firm/Company 7300 W MCNAB RD STE 214 Address TAMARAC, FL 33321 City/State and Zip Code NPINZON@ALLBSOLUTIONS.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **NESTOR PINZON** 778-3143 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address:

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

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

FILED 2022 AUG 11 PM 12: 48

MANCHA COMPANY LLC

411

(Name of the Limi	ted Liability Comps (A Florida Limited	any as it now appears on our records. Liability Company)	TALEAHASSEE, FL		
The Articles of Organization for this Limited L Florida document number L22000252177	iability Company	were filed on 06/01/2022	and assigned		
This amendment is submitted to amend the following	zation for this Limited Liability Company were filed on ber L22000252177 pomitted to amend the following: e, enter the new name of the limited liability company here: cinquishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." offices address, if applicable: 2300 W MCNAB RD STE 214 TAMARAC, FL 33321 STE 214 TAMARAC, FL 33321 ddress, if applicable: 27300 W MCNAB RD STE 214 TAMARAC, FL 33321 egistered agent and/or registered office address on our records, enter the name of the new registered registered office address here: W Registered Agent: N/A				
A. If amending name, enter the new name of	of the limited liab	oility company here:			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		7300 W MCNAB RD			
		STE 214			
Enter new mailing address, if applicable:		7300 W MCNAB RD			
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	STE 214				
		TAMARAC, FL 33321			
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our records, <u>enter t</u>	he name of the new registered		
Name of New Registered Agent:	N/A				
New Registered Office Address:	N/A				
		Enter Florida street address			
		, Flo			
		City	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>	Name	Address	Type of Action
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			□Remove
	 		
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