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COVER LETTER

And Annie of Limited Liability Company The enclosed Articles of Amendment and feets) are submitted for filing. Please return all correspondence concerning this matter to the following: MICHAEL PEPE Name of Person BLACK SHEEP CAPITAL LLC Firm/Company 1918 W CASS ST Address TAMPA, FL 33606 City/State and Zip Code Michael@momentumcustomhomes.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Area Code Name of Person S25.00 Filing Fee Certificate of Status Certificate of Status Mailling Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations	TO: Registration S Division of Co			
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: MICHAEL PEPE Name of Person BLACK SHEEP CAPITAL LLC Firm/Company 1918 W CASS ST Address TAMPA, FL 33606 City/State and Zip Code Michael@momentumeustomhomes.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Michael Peperson Name of Person Tampa, FL 33606 City/State and Zip Code Michael Grownentumeustomhomes.com Area Code Daytime Telephone Number Enclosed is a check for the following amount: Street Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations		HATTAN HOLDINGS LLC		
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Michael@momentumeustomhomes.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Michael Peace Status Street Address: Registration Section Division of Corporations Division Divi		TAMPA, FL 33606		
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For further information concerning this matter, please call: Michael Peac at (813 777-5497				
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	Division of Corporations		Division of Corporations	
	P.O. Box 63			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	U	7 L '	~ ~
407 MANHATTAN HOLDINGS	.C. 71		
(Name of the Lim	ccords.)		
	(A Florida Limited	Liability Company)	SE F
The Articles of Organization for this Limited I	Liability Company	were filed on JUNE 13, 20	and assigned
Florida document number L22000268944	<u>. </u>		. OF A
This amendment is submitted to amend the fol	lowing:		ecords.) 2022 JUL 14 SSEE 10: 55 and assigned 10: 55
A. If amending name, enter the new name	of the limited liah	ility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company" the designation	"I I C" or the abbreviation "I I C"
The tree trains that of all and all are	words Similed Side.		and of the above vitation of the con-
Enter new principal offices address, if appli	cable:	1918 W CASS ST	
(Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>	TAMPA, FL 33606	
Enter new mailing address, if applicable:		1918 W CASS ST	
.,	: noin	TAMPA, FL 33606	
Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or agent and/or the new registered office addr		address on our records, <u>e</u>	nter the name of the new registered
agene and or the new registered office addr	uss mere.		
Name of New Registered Agent:	BLACK SHEEP CAPITAL LLC		
New Registered Office Address:	1918 W CASS	ST	
then Registered Office Address.	<u></u>	Enter Florida street a	address
	ТАМРА		_, Florida 33606
		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, B.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>	Address	Type of Action
AMBR	CARLOS GONZALEZ	4110 TOLEDO ST	□ Add
		MIAMI, FL 33146	≣Remove
			□ Change
AMBR	MICHAEL PEPE	1918 W CASS ST	
		TAMPA, FL 33606	□Remove
			□ Change
			□Remove
			Change
			□Add
			Remove
		<u> </u>	Change
			□Add
		\ _Remove	
			□ Change
			□Add
			Change

If amending any other informatio	n, enter change(s) here:	(Attach additional sheets, if	necessary.)	
 				
		· · · · · · · · · · · · · · · · · · ·		
		A-1		
Effective date, if other than the da (If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	k does not meet the applical	o date of fitting or more than 90 days.	after filing.) Pursuant to 605	5.0207 (3) ed as the
ne record specifies a delayed effective dord is filed.	ate, but not an effective tim	ne, at 12:01 a.m. on the earlier o	f: (b) The 90th day after	
Dated	2022	<i></i>	, , , , , , , , , , , , , , , , , , ,	2022 JUL 14 AM 10: 55
	<u> </u>		で (2) (2)	<u>-</u>
Sig	gnature of a member or author	ized representative of a member	<u></u>	AM II
MICHAEL PEPE			ETALE LORIDA	9: St
	Typed or printed	Iname of signee	75	Üi

- . .

Filing Fee: \$25.00