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(Re	equestor's Name)	
(Ad	idress)	<del></del>
<b>,</b>	,	
(Ad	idress)	
(Cir	ty/State/Zip/Phone	#)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nam	e)
(Do	cument Number)	
Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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A. RIVERS EP 3 0 2023

## **COVER LETTER**

TO:

то:						
		EA SHOP LLC				
SUBJEC	CT:	Name of Limit	ted Liability Company			
MANGA TEA SHOP LLC  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:    Jacob White						
Please re	eturn all correspo	ndence concerning this matter t	to the following:			
		Jacob White				
			Name of Person			
		Dickinson Wright, PLLC				
			Firm/Company	<del></del>		
	Name of Limited Liability Company  Sosed Articles of Amendment and fee(s) are submitted for filing.  Seturn all correspondence concerning this matter to the following:    Jacob White					
			Address			
		Nashville, TN 37219				
			City/State and Zip Code			
				16		
For furtl	her information c			ottication)		
			615 620-1721			
	Name o	f Person	Area Code Day	time Telephone Number		
Enclose	d is a check for th	ne following amount:				
\$25	5,00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy		
	Division of C	Corporations	Division of C	Corporations		
	P.O. Box 632 Tallahassee,			f Tallahassee nroe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MANGA TEA SHOP LLC		
( <u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Comparing the Liabilit		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
Manga Tea Tampa 1, LLC		
The new name must be distinguishable and contain the words "Limited L	iability 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	2	
		<u> </u>
Enter new mailing address, if applicable:	<u></u>	
(Mailing address MAY BE A POST OFFICE BOX)		
		202
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, <u>enter the n</u>	ame of the new register
		7
Name of New Registered Agent:		
New Registered Office Address:		9
nen registered office readings.	Enter Florida street address	五元 (A
	Florida	
	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>	<u>Name</u>	Address	Type of Action
MGR	Matthew Pengtakoon	4828 Jackson Club Loop	
— <del>-</del>		Tampa, FL 33624	□Remove
			🗀 Add
			□Remove
			Change
			□Remove
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Note: If t	date, if other the redate is listed, the d he date inserted in s effective date or	this block doe	s not meet th	e applicable st	ter tilling or more	(opti than 90 days after equirements, thi	r filing.) Pursuant t	to 605.0201 e listed as
e record sp rd is filed.	ecifies a delayed e	effective date, b	but not an eff	ective time, at	12:01 a.m. on	the earlier of: (t	o) The 90th day	after the
	8/30/2023							
	Docus	Igned by:	·	· ·				
Dated			4					
Dated	Matt	uw Pengal	koon			a member		

Filing Fee: \$25.00