## L22000353026

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SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Se Division of Cou			r
М.	and travel	110	
SUBJECT: 1 1G1	ng-Travel	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
lease return all correspo	ondence concerning this matter	to the following:	
		D. Barth Name of Person	
		Firm/Company	
	2923 SW	174 Avenue	<del></del>
	Miramar,  Mariam@  E-mail address:	Florida 3303 Chystate and Zip Code Manna - franct. Del to be used for future annual report not	C1
For further information c	oncerning this matter, please ca	all:	
<u>Mariam</u>	Barth	at (28) 301-3	W98
Name c	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25,00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	<b>Z</b> \$60.00 Filing Fee. Certificate of Status & Certified Copy radificant convik and overh
Mailing Addres	: <u>s:</u>	Street Address:	

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

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

Manna-Trave	1_1
(Name of the Limited Liability Com (A Florida Limite	npany as n now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compar Florida document number <u>L 22000 353 026</u>	ny were filed on 8-10-2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lis	ability company here:
The new name must be distinguishable and contain the words "Limited Lia	ability 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)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ee address on our records, <u>enter the name of the new registere</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, 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 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	Marlen Espinoza	2923 SW 174 AVENUE Miramar, Florida 33029	ETAdd
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			🗆 Change
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			SECONETARY OF
			PH 3: 33 OF ENTATE Add
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ffective date is listed If the date insert	er than the date of fili I, the date must be specific a led in this block does not late on the Department of	and cannot be prior t meet the applica	to date of filing or mo able statutory filing	re than 90 days after f	iling.) Pursuant to 605.0.
ord specifies a dela itea.	ived effective date, but no	of an effective th	ne, at 12:01 a.m. o.	n the earlier of; (b)	The 90th day after the
	manan Signature of	. 3013	<u>.</u>		
	Manan	W-Ra	th.		
	Signature of	a member or diffic	rized representative (	of a member	