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COVER LETTER

TO: Registration Section Division of Corporations

11 Court PC 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:

Michael Hettinger

Name of Person

Firm/Company

703 East Tennessee Street

Address

Tallahassee, Florida 32308

City/State and Zip Code

mike@masonryinc.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Enclosed is a check for the following amount:

Section 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 A	
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ARTICLES OF OF	RGANIZATION
OF	
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	
The Articles of Organization for this Limited Liability Company w	rere filed on $\underline{\mathcal{H}} \ \overline{\mathcal{A}} \ $
Florida document number <u>LJ2 000 47 163</u> 9	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	ity company here:
Mana Properties	lC
The new name must be distinguishable and contain the words "Limited Liabilit	y 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)	<u></u>
_	E 6
B. If amending the registered agent and/or registered office a	idress 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 Fl	orida 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>	Name	Address	Type of Action
	·····		🗆 Add
			🗆 Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated _	June 12	2023	
		Signature of a member or authorized representative of a member	
	Mict	nael Hettinger	

Typed or printed name of signee

Filing Fee: \$25.00