4/4/23, 4:08 PM

Division of Corporations

Elorida Department of State Division of Corpurations Flectronic Wiling Gover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6333

From:

Account Name : AV ACCOUNTING ASSOCIATES CORP

Account Number : I20220000141 Phone : (954)937-5905 Fax Number : (954)208-0209

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MANIT LLC

Certificate of Status	1)
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Page Count	01
Estimated Charge	S25.00

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Electronic Filing Menu

Corporate Filing Menu

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K. Brumbley

TO:

Registration Section

COVER LETTER

Division of Co	rporations		
MANIT LI			
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	RAFAEL I AROCHA SA	RMIENTO	
		Name of Person	
		Firm/Company	
		Address	
		City/State and Zip Code	
	E-mail address: (to be used for future annual report non	theation)
For further information of	oncerning this matter, please c	all:	
Name o	f Person	at () Area Code Daytim	ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$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)
<u> MailingAddres</u>		<u> StreetAddress:</u>	
Registration S		Registration Se	
Division of C P.O. Box 632		Division of Cor The Centre of T	
Tallahassee. 1			e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MANIT LLC		
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records,) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on $\frac{02/21/2023}{}$	and assigned
Florida document number L23000093400		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abb	eviation "L.L.C."
Enter new principal offices address, if applicable:	915 Middle River Dr Suite #317 and #319	
(Principal office address MUST BE A STREET ADDRESS)	Fort Lauderdale FL 33304	
Enter new mailing address, if applicable:	1525 N PARK DRIVE SUITE 104	
(Mailing address MAY BE A POST OFFICE BOX)	WESTON, FL 33326	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	Enter Florida street address Florida City	2023 APR - 4 AM Tip Code
New Registered Agent's Signature, if changing Registered Agent:		6

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.

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

From: Alfonso Velez

MGR =	Manager	
AMBR =	Authorized	Member

To:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			DAdd
			Remove
			Change
			□ Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			Remove
			Change
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			□Remove
			☐ Change
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			Chance

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Note: If the date inserted in this	e date of filing:	0207 (.) d as tl
ne record specifies a delayed effect and is filed	ve date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after	the
Dated APRIL 4	. 2023	
Rafael ()	Arocha Signature of a member or authorized representative of a member	
J-	Signature of a member or authorized representative of a member	
RAFAEL J AROCHA		
	Typed or printed name of signee	