1/13/2023 13:33:00 PST 11/13/23, 1:29 PM	, í	T o: 18506176383	Page: 1/4 Division of Cor	From: Registered porations	Agents Inc F	Fex: 2083526281
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_	To:	Division of Cor Fax Number	rporations : (850)617-6383			
C	From:	Account Name Account Number Phone Fax Number	: REGISTERED AGENT : I20090000081 : (307)200-2803 : (813)436-5206	S INC.		
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Electronic Filing Menu

Corporate Filing Menu

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3/2023 13:33:00 PST	To. 18506176383	Pege: 2/	4 From: Reg	gistered Agents Inc	Fax: 2083526281
	AF	RTICLES OF AM	ENDMENT		
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	AR	FICLES OF ORG	ANIZATION		
		OF			
MANNA					
	(Name of the Lin	ifed Liability Company as i (A Florida Limited Liability	t now appears on our reco (Company)	r <u>ds.</u>)	
		Liability Company were	filed on 05/01/2023	and ass	igned
Florida document num	her	·			
This amendment is sub	mitted to amend the fo	llowing:			
A. If amending name	e. enter the new name	of the limited liability c	omoany here:		
	<u>enter me nen name</u>	or the million hability of	ompany acre.		
The new name must be dist	tinguishable and contain the	words "Limited Liability Cor	npany." the designation "LL	.C" of the abbreviation "L.	L.C."
	offices address, if appl				
	••				
<u>(Frincipal office addre</u>	<u>ess MUST BE A STRE</u>				
Enter new mailing ad	dress, if applicable:				
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	egistered agent and/or registered office addr	registered office addres <u>ess here</u> :	ss on our records, <u>ente</u>	2	registered
		Depistered Assets Inc		023 NON	
Name of New	Registered Agent:	Registered Agents Inc			<u>}.</u>
New Register	ed Office Address:	7901 4th SI N STE 30		<u> </u>	
			Enter Florida street addre	، در	
		St. Petersburg		lorida <u>33702</u> 👝 👘	(
		Ci	Ιŷ.	Zip Sode	

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.

David K. Devits If Changing Registered Agent, Signature of New Registered Agent

MGR = A AMBR = A	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	RATIA, RUBEN	11928 SW 240TH ST	🗇 Add
		HOMESTEAD, FL 33032	ZRemove
			Change
MGR	SOKOLOFF, MAXIMILIANO	11928 SW 240TH ST	🛛 Add
		HOMESTEAD, FL 33032	
			Change
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(optional)

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

<u> </u>

E. Effective date, if other than the date of filing: ____

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 November 13		
	- 1	
	Signature of a member or authorized representative of member	
	Robin Jones	

Typed or printed name of signee