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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 : (307)200-2803 Fax Number : (813)436-5206

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

Email	Address:		-4-

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Certificate of Status	0
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Page Count	04
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T. LEMITUX

8/26/2024 10.50.45 PDT To 18506176383 Page: 2/4 Fax: 8134365206

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

: : : : : : : : : : : : : : : : : : :		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records,) lability Company)	
The Articles of Organization for this Limited Liability Company v Florida document number L23000222108		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
Manuel Garcia LLC		
The new name must be distinguishable and contain the words "Limited Liabilit	ty Company," the designation "LLC" or the	abbigyration T.L.C."
Enter new principal offices address, if applicable:	**************************************	
(Principal office address MUST BE A STREET ADDRESS)		- <u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		6 AHH: 35
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, <u>enter the na</u>	me of the new registere
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.

8/26/2024 10 50:45 PDT - To. 18506176383 Page: 3/4 Fax: 8134365206

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>	<u>Address</u>	Type of Action
AMBR	Garcia, Manuel	5476 Lambright Drive	XlAdd
		Port Charlotte, FL 33981	∐Remove
			'∃Add
			□Remove
			☐ Change
			∐Add
			□Remove
			T)Change
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