

L23 000 262 875

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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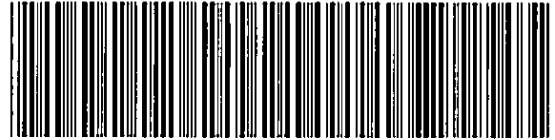
(Business Entity Name)

(Document Number)

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# NELSON, BISCONTI & McCLAIN, LLC

ATTORNEYS AT LAW

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G. Michael Nelson, Esquire  
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Darren D. McClain, Esquire

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May 31, 2024

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

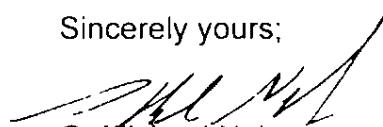
Re: Mansker Holdings, LLC  
FL. Doc# L23000262875

To whom may concern;

Enclosed please find the original Articles of Amendment for the above name company. Also, enclosed is our check, number 1134 in the amount of \$25 which we understand to be the filing fee.

Thank you for your time and attention in this matter. Also, in addition to my phone number above, or my cell # 813 431-6191 or I can be reached through email at [gmnlaw@hotmail.com](mailto:gmnlaw@hotmail.com) should you need to contact me.

Sincerely yours;



G. Michael Nelson

GMN/me  
Encl:

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

MANSKER HOLDINGS, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on MAY 30, 2023 and assigned  
Florida document number 1.23000262875.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

**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)

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STATE  
OF FLORIDA  
TALLAHASSEE

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: GERALD M. NELSON

New Registered Office Address: 11248 MANSKER RD

*Enter Florida street address*

DADE CITY, Florida 33525

*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.*

*[Handwritten signature]*

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>	<u>Type of Action</u>
MGR	ANNETTE E. VANFLEET	11248 MANSKER RD	<input type="checkbox"/> Add
		DADE CITY, FL 33525	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	GERALD M. NELSON	11248 MANSKER RD	<input checked="" type="checkbox"/> Add
		DADE CITY, FL 33525	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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[illegible]

(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.

Dated 13/3/2024

  
Signature of a member or authorized

Signature of a member or authorized representative of a member

Barnd. B. Nelson

Typed or printed name of signee