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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
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COVER LETTER

		itration Section of Corp									
CHD IEC	YT.	Manassáram	Holdings LLC								
SUBJEC .			Name of Limited Liability Company								
The enclo	sed /	Articles of A	mendment and fee(s) are submit	tted for filing.							
Please ret	turn a	ill correspon	dence concerning this matter to	the following:	:						
			Morton Manassaram								
				Name of Po	erson						
				Firm/Com	pany	-					
			307 Stokes Creek Drive								
				Address							
			St Augustine, Fl 32095								
				City/State and 2	Zip Code						
			mmanassaram@yahoo.com E-mail address: (to b	be used for futu	re annual re	eport notificat	ion)	<u>_</u>			
For furthe	er inf	ormation cos	ncerning this matter, please call:				,				
Morton N			- '	407		-2322					
-		Name of	Person	at (Area (Daytime Te	lephone N	umber	-		
Enclosed	is a	check for the	following amount:								
■ \$25.0	00 Fi	ling Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Fi Certified (additional			Ce Ce	.00 Filing Fortificate of Strified Copy	tatus &		
	Reg Divi P.O.	ing Address: istration So ision of Co Box 6327 ahassee, F	ection reporations		Division The Cen 2415 N.	dress: tion Section of Corpositre of Tall Monroe Sesee, FL 32	rations ahassee treet, Si	iite 810	2024 HAR 25 AH 10: 1		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Manassaram Holdings LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company))
e Articles of Organization for this Limited Liability Compar	ny were filed on ^{06/16/2023}	and assigned
orida document number L23000292472		
orida document number		
is amendment is submitted to amend the following:		
If amending name, enter the new name of the limited lia	ability company here:	
e new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC"	or the abbreviation "L.L.C."
ter new principal offices address, if applicable:		
rincipal office address MUST BE A STREET ADDRESS)		
nter new mailing address, if applicable:		
failing address MAY BE A POST OFFICE BOX)		<u> </u>
If amending the registered agent and/or registered offic	e address on our records, <u>enter th</u>	he name of the new regis
ent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	rida
	City	Zip Code
ew Registered Agent's Signature, if changing Registered Agen	<u>nt:</u>	
hereby accept the appointment as registered agent and a	gree to act in this capacity. I furt	her agree to comply wit

If Changing Registered Agent, Signature of New Registered Agent

provisions of all statutes relative to the proper and complete performance of my duties, and I am familia with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or of this document 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>	<u>Name</u>	Address	Type of Action
AMBR	Hope Manassaram	307 Stokes Creek Drive	
		St.Augustine, Fl 32095	■Remove
			□ Change
			□Add
			□Remove
			Change
			□Remove
			☐ Change
			□Add
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ffective date if	other than the d	ate of filing	•			(options	ın		
an effective date is	other than the d listed, the date must b	e specific and	cannot be prior	to date of filing	or more than 90	days after fili	ng.) Pursi	ant to 60	5.0207
	inserted in this bloc ive date on the Dep				ning requiren	ienis, inis da	ite will n	ot be its	icu as
	ifies a delayed after the reco		ate, but no	t an effecti	ve time, at	12:01 a.n	n. on th	ne earl	ier of
			2004						
March 22 Dated			2024						

Page 3 of 3

Typed or printed name of signee

Morton Manassaram

Filing Fee: \$25.00