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Cover letter

850 -225 -3618

6758 Tom King Bayon Rd Navarre, FL 32566

## **COVER LETTER**

TO:

	legistration Se Division of Cor						
eum irza	Swann Pub	Swann Publishing LLC					
SUBJECT	ı;	Name of Limited Liability Company					
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please rett	ırn all correspo	ndence concerning this matter	to the following:				
		Michael V Swann					
			Name of Person				
		LLC					
			Firm/Company				
		6758 Tom King Bayou Rd	I				
			Address				
		Navarre, Fl 32566					
			City/State and Zip Code				
		swannpublishingllc@gmail					
		E-mail address: (	to be used for future annual report noti	fication)			
For furthe	r information c	oncerning this matter, please c	all:				
Michael V	/ Swann		850 225-3618				
	Name o	f Person	Area Code Daytim	e Telephone Number			
Enclosed i	is a check for th	ne following amount:					
<b>■</b> \$25.0	0 Filing Fee	S30.00 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>Aniling Addres</u> Registration S		Street Address: Registration Se	ction			
i.	Division of C	orporations	Division of Cor	porations			
	P.O. Box 632		The Centre of T				
	Fallahassee, I	∩L JZ <b>J14</b>	2410 IN. MODTO	e Street, Suite 810			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Swann Publishing 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  $\frac{09/13/2023}{\pi}$ and assigned Florida document number \_\_\_\_\_\_123000427202 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MANNA4MANKIND LLC 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) 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: New Registered Office Address: Enter Florida street address \_, Florida \_\_

## 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.

If Changing Registered Agent, Signature of New Registered Agent

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>	Name	Address	Type of Action
COO	Gregory T Shreve II	6758 Tom King Bayou Rd	■Add
		Navarre, Fl 32566	□Remove
			□Change
			□.Add
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