Note: Please print this page and use it as a cover sheet. Type the fax audite number (shown below) on the top and bottom of all pages of the document.

(((H24000370045 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 : (323)962-8600 Fax Number : (323)389-0502

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

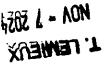
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# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MANIFEST MATCHA LLC

Certificate of Status	0
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Help





Registration Section

From: Danish Arif Shaik

TO:

### **COVER LETTER**

Divis	sion of Con	porations		
	MANIFEST	Г MATCHA LLC		<b>*</b> *
SUBJECT:Name of Limited Liability Company				
The enclosed	Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return a	all correspo	ndence concerning this matter t	o the following:	
		Mike Town		
			Name of Person	<del></del>
		Legalzoom.com, Inc.		
			Firm/Company	
		9900 Spectrum Dr		
			Address	
		Austin, TX 78717		
			City/State and Zip Code	···
		meryracauchi@icloud.com		
			o be used for future annual report notifi	cation)
For further inf	formation co	oncerning this matter, please ca	II:	
Mike Town			800 773-0888 at ( )	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	e following amount:		
□ \$25.00 Fil	ling Fee	□ \$30.00 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)
	Registro Division P.O. Bo	NG ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COURIF Registration Section Division of Corpora Clifton Building 2661 Executive Cen	lions

- Tallahassee, FL 32301

#### īn:

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MANIFEST MATCHA 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 Florida document number <u>L23000432829</u>	were filed on 09/18/2023	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or t	he abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	176 NW 25th St, Unit 614			
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33127	28		
		24		
		V 40		
Enter new mailing address, if applicable:	176 NW 25th St, Unit 614	, oh , 4		
(Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 33127			
	<u></u>	<u>ः ।</u>		
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		ति ज		
Name of New Registered Agent:				
New Registered Office Address:				
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 agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I opposed for in Chapter 605, F.S.	am familiar with and Or, if this document is		

From: Danish Arif Shaik

# 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

Page: 5 of 6

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	RACAUCHI, MARIEL		□ Add
			□ Remove
		176 NW 25th St, Unit 614 Miami, FL 33127	☐ Change
AMBR	VANDER, DAVID	<u> </u>	
			Remove
		176 NW 25th St, Unit 614 Miami, FL 33127	□ Change
			□ Remove
		<del></del>	Change
			☐ Add
			□ Remove
	1		☐ Change
			П Remove
			☐ Change
		<del>-</del>	
		<del> </del>	☐ Remove
			□ Change

Page 3 of 3

Typed or printed name of signee.

Mariel Racauchi

Filing Fee: \$25.00