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FLORIDA FILING & SEARCH SERVICES, INC.

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DATE:

06/26/2025

NAME: SLATE FINANCIAL SOLUTIONS LLC

TYPE OF FILING: AMENDMENT

COST:

30.00

RETURN: PLAIN COPY AND GOOD STANDING PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

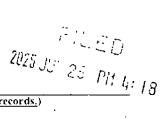
COVER LETTER

TO: Registration Son Division of Con			
SLATE FI	NANCIAL SOLUTIONS LLC		
SUBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and (ce(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JOHN SILVA		
		Name of Person	
	MANHATTAN INTEL LI	.C	
		Firm/Company	
	7022 FLINT DR		
		Address	
	TAMPA FL 33619		
		City/State and Zip Code	
	INFO@MANHATTANINT E-mail address: (EL.COM to be used for future annual report noti	fication)
For further information of	oncerning this matter, please c		
JOHN SILVA		645 2408306 at ()	
Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



SLATE FINANCIAL SOLUTIONS 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 October 12, 202	and assigned
Florida document number 1.23000469706		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
MANHATTAN INTEL LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LL	.C" or the abbreviation "L.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:		<u></u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	nddress on our records, <u>ente</u>	r the name of the new registered
New Registered Office Address:	Enter Florida street addr	ess
	I.	larida
	City	lorida Zip Code
New Registered Agent's Signature, if changing Registered Agent:		

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>	<u>Name</u>	Address	Type of Action
MGR	JOHN SILVA	7022 FLINT DR TAMPA FL 33619	≣ Add
			Remove
			□Change
			□Add
			□Remove
	:		□Change
			🗆 Add
		· · · · · · · · · · · · · · · · · · ·	□Remove
		***	□Change
			□Add
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			□Change
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			□Remove
			□Change
			□Add
			□Remove
			□Change

II amending any ot	information, enter change(s) here: (Attach additional sheets, if necessary.)	
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an effective date is liste Sote: If the date inse	than the date of filing: (optional) the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60 I in this block does not meet the applicable statutory filing requirements, this date will not be lis	5.0207 (ted as t
	e on the Department of State's records.	
l is filed.	ed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	er the
Pated JUNE 25	2025	
<u></u> -	Ans An	
	Signature of a member or authorized representative of a member	
JOHN SIL		

Filing Fee: \$25.00