L24 0000 16566



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COVER LETTER

TO: Registration S Division of Co					
Cezar Sty	yles LLC	[]			
SUBJECT: Name of Limited Liability Company					
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.			
Please return all correspondence concerning this matter to the following:					
	Matthew Slater				
		Name of Person			
	Cezar Styles LLC				
		Firm/Company			
	148 Lake Frances Dr.				
		Address			
	3411				
		City/State and Zip Code			
	matthew@mkmflorida.co E-mail address: (to be used for future annual report notification)			
For further information	concerning this matter, please c	all:			
Matthew Slater		561 884-4155			
Name	of Person	Area Code Daytime Telephone Number	_		
Enclosed is a check for	the following amount:	l l			
□ \$25.00 Filing Fec	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fe Certified Copy Certificate of S (additional copy is enclosed) Certified Copy (additional copy is	Status &		
Mailing Addr Registration Division of P.O. Box 63 Tallahassee	Section Corporations 27	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

Cezar Styles LLC		[1]
(<u>Name of the Limited Li</u> (A F	ability Company as it now appears on our records, orida Limited Liability Company)	
The Articles of Organization for this Limited Liabili	ty Company were filed on January 8, 2024	and assigned
Florida document number L24000016566	 -]
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
New Man Partners LLC		
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC"	ll ·
Enter new principal offices address, if applicable	:	782
(Principal office address MUST BE A STREET Al	DDRESS)	
		(.)
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	2	(3)
		(C)
agent and/or the new registered office address he Name of New Registered Agent:	re:	
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	-
	, Flo	 ida
_	Cuy	Zip Code
New Registered Agent's Signature, if changing Regis	tered Agent:	
I hereby accept the appointment as registered ag provisions of all statutes relative to the proper an accept the obligations of my position as registere being filed to merely reflect a change in the regis company has been notified in writing of this change.	nd complete performance of my duties, and ed agent as provided for in Chapter 605, F stered office address, I hereby confirm that	I am familiar with and S. Or, if this document is
	If Changing Registered Agent, <u>Signature of</u>	New Registered Agent
	Page 1 of 3	

f amending Authorized Person(s) authorized to manage, enter the title, name, and address of or removed from our records:			s of each person being added
MGR =	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MR.	Cezar Valerio	5300 NW 76TH PL	□Add
		POMPANO BEACH, FL 33073	Remove
			☐ Change
			□Add
			☐ ☐ Remove
			☐ Change
			□Add
			Remove
			☐ Change
			□ □ Add
			□Remove
			☐ Change
·			∐ □Add
			☐ Remove
			☐ Change
			∐ □Add
			□Remove
			☐ Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necess	sary.)
	<u> </u>
	1
	<u> </u>
	<u> </u>
	<u> </u>
	<u>.</u>
E. Effective date, if other than the date of filing: 4-30-2024 (option (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 file.)	 al)
(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 find Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	ling.) Pursuant to 605.0207 (3)(b) late will not be listed as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a. (b) The 90th day after the record is filed.	m. on the earlier of:
Devel	
Dated	
Signature of a member or authorized representative of a member	<u> </u>
Matthew Slater	
Typed or printed name of signee	<u> </u>

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Filing Fee: \$25.00