## L266 0000 P/21

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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	Manalis Name of Lim	Management ited Liability Company	LLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	LAZARO	M. Ro Lrigue Name of Person	2
	Manareli	5 Management Firm/Company	LLC
	1578C S	.W. 146 Terrace	
	Mia	City/State and Zip Code	
	Rodni ove:	2_4425 \(\frac{1}{2}\) \(\frac{1}2\) \(\frac{1}\) \(\frac{1}2\) \(\frac{1}2\) \(\frac{1}2\) \(\frac{1}2\) \(\f	fication)
For further information c	oncerning this matter, please co	all:	
LAZARO M. Name o	Rodripuez.	at ( <u>DRC</u> ) <u>3 &amp; 8</u> Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certificate Copy (additional copy is enclosed)
Mailing Addres		Street Address:	ation.
Registration S		Registration Se	

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

·	•	2024FID -7 7:
(Name of the Limited Liability Corporation of the Liability Corporat	inv as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company  Florida document number 2 240000 23321.		_ 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	hty Company," the designation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:	15786 S.W. 141 Terrac	
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL. 33196	
Enter new mailing address, if applicable:	15786 S.W. 146 Terr	a ce
(Mailing address MAY BE A POST OFFICE BOX)	15786 S.W. 146 Terr. Miami, FL. 33196	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, enter the name o	of the new registered
New Registered Office Address:		<del></del>
	Enter Florida street address	
	, Florida	
		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	performance of my duties, and I am fan	iiliar with and

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

Title	Name	Address	Type of Action
AMBR	LAZARO M. Rodniguez	15786 S.W. 146 Terrace	<b>½(</b> Add
		Miami, FL 33191	□Remove
			□Change
MGR	Linda A. RobleTo	15786 S.W. 146 Terrac	_e_ □Add
		Miami, FL 33196	□Remove
			Change
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(If an eft Note:	ve date, if other than the date of filing:
he recor ord is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated	
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00