



Office Use Only





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## **COVER LETTER**

Division of Corpo			
SUBJECT: Mannilo	t Managemen	ted Liability Company	
The enclosed Articles of Ar	nendment and fee(s) are sub-	mitted for filing.	
,	Fritz Lo	Name of Person	
		Manugement LLC Henry Company	 
		St SW Address	73072
	Manni Lot Mana E-mail address:	City/State and Zip Code  gement @ gmai be used for future annual report noti	Complication)
For further information con	cerning this matter, please ca	ill:	
Fritz Lovine	· C	at (23 9 ) 4 (60 ) Area Code Daytin	- G163
Name of F	CISOH	Area Code Dayun	ie Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing 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)
Mailing Address:		Street Address:	

TO;

Registration Section

Registration Section
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



iability Company as it now appears on our records.) lorida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 1-30 - 24 Florida document number L2400056462 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Manni Lot Manage ment 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

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending attracted 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
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	other than the date o	of filing: $\frac{S-1}{S}$	3 - 14 to date of filing or more th	(optional) nan 90 days after filing.) Pu	rsuant to 605.0207 (
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