

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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COVER LETTER

TO:

Tallahassee, FL 32314

| TO: Registration S Division of Co | | | |
|--------------------------------------|--|---|---|
| THE MAN | NE ADDITION LLC | | |
| SUBJECT: | Name of Lim | ited Liability Company | |
| The enclosed Articles o | f Amendment and fee(s) are sub | unitted for filing. | |
| Please return all corresp | ondence concerning this matter | to the following: | |
| | PAM MCKINNEY | | |
| | APPL | Name of Person | |
| | SUMMIT QUEST INC | | |
| | | Firm/Company | - |
| | 3433 E GULF TO LAKE I | HWY | |
| | | Address | |
| | INVERNESS, FL 34453 | | |
| | | City/State and Zip Code | |
| | PAM@PAMELAMCKINN | | |
| ro compare a | | to be used for future annual report not | ification) |
| For jurtner information | concerning this matter, please c | aH: | |
| PAM MCKINNEY | | 352 584-1498 at () | |
| Name | of Person | Area Code Daytin | ne 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 Addre | | Street Address: | |
| Registration Division of 0 | Section Corporations | Registration Sc Division of Co | |
| P.O. Box 63 | | The Centre of 5 | • |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| THE MANE ADDITION LLC | | |
|--|--|--|
| (Name of the Limited Liability Comp. (A Florida Limited | any as it now appears on our records.) Liability Company) | |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L24000098881</u> . | were filed on FEB 26, 2024 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, <u>enter the new name of the limited liab</u> | pility company here: | |
| | | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "LLC" or the a | bbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 7885 W GULF TO LAKE HWY | |
| Principal office address MUST BE A STREET ADDRESS) | UNIT 7919 | |
| | CRYSTAL RIVER, FL 34428 | 22 · · · · · · · · · · · · · · · · · · |
| | | - 3 |
| Enter new mailing address, if applicable: | 7885 W GULF TO LAKE HWY | <u> </u> |
| Mailing address MAY BE A POST OFFICE BOX) | UNIT 7919 | |
| | CRYSTAL RIVER, FL 34428 | မှာ |
| | | <u>o</u> |
| If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, <u>enter the nar</u> | ne of the new regist |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | , Florida | |

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

Zip Code

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 | <u>Name</u> | Address | Type of Action |
|--------|---------------|-----------------------|----------------|
| AMBR | KELLY MAGUIRE | 8394 S BLUFF PT | ≣ Add |
| | | FLORAL CITY, FL 34436 | □Remove |
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| ective date, if other than the reffective date is listed, the date mute: If the date inserted in this becament's effective date on the D | st be specific and cannot be prior to lock does not meet the applica | o date of tiling or more than 9 ble statutory filing require | (optional) 0 days after filing.) Pursuant to 6 ments, this date will not be li | 05.020 isted as |
| cord specifies a delayed effectives tiled. | e date, but not an effective tin | ne, at 12:01 a.m. on the ea | rlier of: (b) The 90th day af | fter the |
| ed MARCH 12, | 2024 | | | |
| ed | · | | | |
| But | 10mx Edoly | rized representative of a mem | | |

Filing Fee: \$25.00