## L24000103316

| (Requesto                        | r's Name)              |
|----------------------------------|------------------------|
| (Address)                        | ·                      |
| (Address)                        |                        |
| (City/State                      | /Zip/Phone #)          |
| PICK-UP                          | WAIT MAIL              |
| (Business                        | Entity Name)           |
| (Document Number)                |                        |
| Certified Copies C               | Certificates of Status |
| Special Instructions to Filing C | Officer:               |
|                                  |                        |
|                                  |                        |
|                                  | '110                   |
| U                                | mills                  |

Office Use Only



800423095698

03/05/24--01009--009 \*\*25.00

2024 MAR - 5 AM II: 43 SEORE LASY OF STATE

Jon 1. - 1 .....

## **COVER LETTER**

| TO: Registration So<br>Division of Cor |  |   |  |
|--|--|---|--|
| SUBJECT: Mas                           | uning's Class                                | A 84 Assoc  | iation LLC.  |
| V                                      | // Name of Lin                               | nited Mability Company  |  |
| The enclosed Articles of               | Amendment and fee(s) are sub                 | omitted for filing.   |  |
| Please return all correspo             | ondence concerning this matter               | to the following:   |  |
|  | Michelle.                                    | Davis Henry<br>Name of Person                                       |  |
|  |  | ,   | issociation LLC  |
|  | 4393 Spring                                  | g blosson br. Address   |  |
|  | Rissimmee,                                   | FU 347146<br>City/State and Zip Code                                |  |
|  | mannings clas E-njail address: (             | to by used for fature famula report not                             | Com-   |
| For further information c              | oncerning this matter, please c              | •   |  |
| Michelle De                            | was Hanry                                    | at ( <u>407</u> ) <u>433-</u><br>Area Code Daytin                   | 6373   |
| Name o                                 | r Person                                     | Area Code Daylin  | ne Telephone Number  |
| Enclosed is a check for th             | ne following amount:                         |   |  |
| S25.00 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 Addres                         |  | Street Address:   |  |
| Registration S                         |  | Registration Se   |  |
| Division of C<br>P.O. Box 632          | •  | Division of Co<br>The Centre of 1                                   | •  |
| Tallahassee. I                         |  |   | rananassee<br>oc Street Suite 810  |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Mannings Class of &  | 24 association LhC   |
|--|--|
| Mannings Class of & (Name of the Limited Lipbility (A Norida   | y Company as it now appears on our records.)<br>Limited Liability Company) |
| The Articles of Organization for this Limited Liability Co   | ompany were filed on 03/04/2024 and assigned                               |
| Florida document number <u>L 24000/0337</u>  | $\mathscr{C}$  |
| This amendment is submitted to amend the following:  |  |
| A. If amending name, enter the new name of the limit   | ted liability company here:  |
| The new name must be distinguishable and contain the words "Limit  | ted Liability Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:  |  |
| (Principal office address MUST BE A STREET ADDRI   | ESS)   |
|  | 1  |
|  |  |
| Enter new mailing address, if applicable:  |  |
| (Muiling address MAY BE A POST OFFICE BOX)   | <u> </u>   |
|  |  |
| B. If amending the registered agent and/or registered agent and/or the new registered office address here: | office address on our records, enter the name of the new registered        |
| Name of New Registered Agent:  |  |
| New Registered Office Address:   |  |
|  | Enter Florida street address   |
|  | , Florida  |
|  | City Zip Code  |

## 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.

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 Address **Type of Action** MGR Charmaine Dowis 4393 Spring Blosson Dr. □Add

Kissimmer, FL 34746. 

ØRemove Mark Grace Ale. Kitty 4343 Spring Bossom Dr. DAdd

Kissimmee, Ft 34744 ZRemove \_\_\_\_\_ Change \_\_\_\_\_\_ 🗀 Add ☐ Change \_\_\_\_\_ □Add \_\_\_\_\_ □Remove \_\_\_\_\_ □Change \_\_\_\_\_\_ □ Add \_\_\_\_\_ □Change □Remove

\_\_\_\_\_ □Change

| ,                  |  |
|--------------------|--|
| (If an cl<br>Note: | ive date, if other than the date of filing:  |
| the reco           | 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 led.  |
| Dated              | 03/05/2024   |
|                    | and the second s |
|                    | Signature of a member or authorized representative of a member  Michelle Davis Henry  Typed or pripadname of signee  |
|                    |  |

Filing Fee: \$25.00