

L2400021237

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

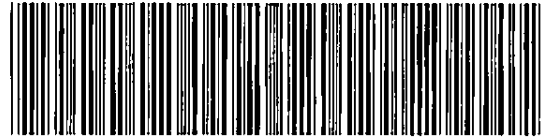
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800432937548

05/31/24--01003--017 \*\*60.00

2024 AUG -8 PM 1:15  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

copy

5/8



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 13, 2024

CHRISTOPHER ONEAL, CPA  
210 SE ATLANTIC DR  
LANTANATA, FL 33462

SUBJECT: MANIGOR INVESTMENTS, LLC  
Ref. Number: L24000212137

*8/8*

We have received your document for MANIGOR INVESTMENTS, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please select the action you are taking with each member.

Please return your document, along with a copy of this letter, within 60 days your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Morgan E Lovett  
Regulatory Specialist II

Letter Number: 024A00012832

SECRETARY OF STATE  
TALLAHASSEE, FL

2024 AUG -8 PM 1:15

FILED

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

MANIGOR INVESTMENTS, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 05/06/2024 and assigned  
Florida document number L24000212137.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited 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 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:

210 SE ATLANTIC DR.

Enter Florida street address

LANTANA,

City

Florida 33492

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**

2024 AUG -8 PM 11:15  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	BILGAR, EMMANUEL	42 HARBOUR DR. S.OCEAN RIDGE, FL 33435	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	BILGAR, EMANUEL	42 HARBOUR DR. S.OCEAN RIDGE, FL 33435	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ONEAL, CHRISTOPHER	210 SE ATLANTIC DR, LANTANA, FL 33462	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2024 AUG -8 PM 1:15  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

PLEASE NOTE CHANGES WE ARE MAKING IS REMOVING ONE "M" FROM THE FIRST  
NAME OF THE MGR, AND ADDING MR. ONEAL AS AN AMBR.

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated 05/22, 2024

Christopher O'Neal, CPA

Signature of a member or authorized representative of a member

Christopher O'Neal, CPA

Typed or printed name of signee

Filing Fee: \$25.00

2024 AUG -8 PM 3:15  
SECRETARY OF STATE  
TALLAHASSEE FL

FILED