L24000245056

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FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

6/11/2024

NAME: MANUFACTURA LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MANU	FACTURA LLC	
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records. Limited Liability Company))
The Articles of Organization for this Limited Liability Corollary document number 1.24000245056	ompany were filed on 06/04/2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ited 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 ADDR	ESS)	·
		: :
Enter new mailing address, if applicable:		.)
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>enter t</u>	he name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	vnier Florida street address	
	, Flor	rida Zip Code
	Cuy	гір Соае

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

<u>Title</u>	Name	Address	Type of Action
MGR	Raquel Estrada Gomez	CR 35 C1 7 A SUR-56	🗆 Add
		MEDELLIN, COLOMBIA	
		the face of the fa	□Change
MGR	Raquel Estrada Duque	CR 35 C1 7 A SUR-56	= Add
		MEDELLIN, COLOMBIA	□ Remove
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etive date, if other than to flective date is listed, the date is If the date inserted in this ment's effective date on the	s block does not	meet the applicable	ate of filing or more t e statutory filing red	(option than 90 days after fi quirements, this o	ial) ling.) Pursuant to 605 late will not be liste
ord specifies a delayed effec filed.	ctive date, but no	ot an effective time,	at 12:01 a.m. on th	ne earlier of: (b)	The 90th day after
June		7024			
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	•	member or authorize			

Filing Fee: \$25.00