#L 100000040788

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL
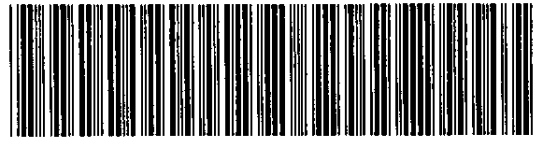
(Business Entity Name)

(Document Number)

Certified Copies _____   Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

COVER LETTER

TO: Registration Section
        Division of Corporations

SUBJECT: **Manas LLC**

_____
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mukund Patel
_____
Name of Person

_____
Firm/Company

5000 Lake Blvd
_____
Address

Clearwater, FL 33762
_____
City/State and Zip Code

mbesthospitality@yahoo.com
_____
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mukund Patel

at (~~727-687-9005~~) 813 230 2244

_____   _____
Name of Person   Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

■ $25.00 Filing Fee   ☒ $30.00 Filing Fee &   ☐ $55.00 Filing Fee &   ☐ $60.00 Filing Fee,
                         Certificate of Status   Certified Copy   Certificate of Status &
                                           (additional copy is enclosed)   Certified Copy
                                                                       (additional copy is enclosed)

MAILING ADDRESS: **STREET/COURIER ADDRESS:**
Registration Section   Registration Section
Division of Corporations   Division of Corporations
P.O. Box 6327   Clifton Building
Tallahassee, FL 32314   2661 Executive Center Circle
                                       Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
13 SEP 20 AM 11: 52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Manas 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 __04/15/2010__ and assigned Florida document number __L10000040788__ .

This amendment is submitted to amend the following:

A. If amending name, <u>enter the new name of the limited liability company here:</u>

_____

The new name must be distinguishable and end with 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, <u>enter the name of the new registered agent and/or the new registered office address here:</u>

Name of New Registered Agent: __MUKUND . D . PATEL__

New Registered Office Address: __9241 SILVERTHORN RD__
Enter Florida street address

__SEMINOLE__ , Florida __33777__
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 608, 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.

_____
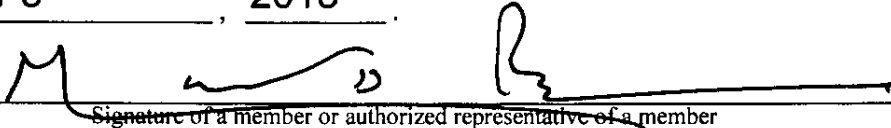If Changing Registered Agent, Signature of New Registered Agent

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If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Mukund Patel	5000 Lake Blvd Clearwater, FL 33762	☑ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

_____

_____

_____

_____

_____

Dated **September 5** , **2013** .

_____
Signature of a member or authorized representative of a member

Mukund Patel
_____
Typed or printed name of signee

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Filing Fee: $25.00