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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: CLMANUS 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:
Kim Harris Name of Person
Cennains uc
PO BOX 25897 Address
Savasota F 34277 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (941) 580. 5565 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$\text{Certified Copy} \\ (additional copy is enclosed) \$\Bigcup \$\text{S60.00 Filing Fee}. \\ \Bigcup \$\text{Certified Copy} \\ (additional copy is enclosed) \$\Bigcup \$\text{Certified Copy} \\ (additional copy is

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Line)	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabili Florida document number <u>LDHOOOHSU</u>	ty Company were filed on <u>JUN 29</u>	7004 70004 and assigned
This amendment is submitted to amend the followin	g:	
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 ti	he abbreviation "L.L.C.
Enter new principal offices address, if applicable	:	
Principal office address MUST BE A STREET AL	DDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX	2	
B. If amending the registered agent and/or r registered agent and/or the new registered office		
a served agent and/or the new registered office	address here .	IB APR
Name of New Registered Agent:		N SSI
New Registered Office Address:	- -	EE IN
	Enter Florida street address	(%) ei
_	, 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

<u>Title</u>	Name	Address	Type of Action
officer	Jacqueline Marcella	Jansen 12344 Holly) Lakewood Ro	ousti Tenopean
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ne reco The 9	90th day after the record is filed.	
he reco	90th day after the record is filed.	

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

Page 3 of 3

Filing Fee: \$25.00