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J. BRYAN

FEB 2 3 2011

EXAMINER

COVER LETTER

TO:	Registration S Division of Co				
SUBJECT: MannaLife			International LLC		
		Name of Lim	ited Liability Company		
The en	iclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.		
Please	return all corresp	ondence concerning this matte	r to the following:		
<u> </u>			James Livingstone		
			Number 1 of Soft		
	MannaLife International LLC				
Firm/Company				- i	
			10540 72nd Street		SEC SEC
	Address				EB 22 RETAR AHASS
	Largo, FL 33777				
			City/State and Zip Code		
		j.livingston	e@mannalifeinternationa	al.com	FLOO
For fu	ther information	E-mail address: (concerning this matter, please of	to be used for future annual report no call:	ourication)	35 RIDS
		n Livingstone	at (724_)	772-0721	
	Name	of Person	Area Code & Day	time Telephone Number	т
Enclos	ed is a check for	the following amount:			
\$25	5.00 Filing Fec	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	sed) Certified	te of Status &
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COU Registration Sec Division of Corp Clifton Building 2661 Executive Tallahassee, FL	porations 3 Center Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MannaLife International 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 ______July 8, 2004 and assigned

Florida document number ______L0400051726

This amendment is submitted to amend the following:

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

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 end with the words "I.L.C."	Limited Liability Compar	ny," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		ur records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Ente	er Florida street address
	25/116	
-	City	, Florida 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

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

MGR = Manager

MGRM = Managing Member

<u>Title</u> <u>Name</u> Address **Type of Action** David McCabe MGRM 10540 72nd St. _ Add ✓ Remove Largo, FL 33777 MGRM Joseph Miller 10540.72nd St. Remove Largo, FL_33777______ ☐ Add [] Remove Remove ∏Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member of authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00