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	THE MANKO E	FAMILY NO. 10 LLC	;	
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## **COVER LETTER**

Div	ision of Corp	porations			
SUBJECT:	The Manko	Family No. 10 LLC			
зоваест.		Name of Limi	ted Liability Company		
The enclosed	l Articles of	Amendment and fee(s) are sub	nitted for filing.		
		ndence concerning this matter			
		Jeffrey L. Greenberg			
			Name of Person	Code    S60.00 Filing Fee, Certificate of Status & Certified Copy	
		Greenberg & Strelitz, P.A.			
	· ····				
		2500 North Military Trail, Suite 235			
	Address				
		Boca Raton, FL 33431			
			City/State and Zip Code		
		E-mail address: (	to be used for future annual report not	ification)	
For further i	nformation co	oncerning this matter, please ca	all:		
Jeffrey L. G	reenberg		561 361-9400 at ( )		
	Name of	Person	Area Code Daytim	ne Telephone Number	
Enclosed is	a check for th	e following amount:			
<b>■ \$</b> 25.00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status &	

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

TO:

Registration Section

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

FILED 2015 SEP 15 AM 10: 05 SECRETARY OF STATE BALLAHASSEE, FLORIDA

The Manko Family No. 10 LLC		
(Name of the Limited (A	Liability Company as it now appears on our records.)  A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab	pility Company were filed on August 18, 2004	and assigned
Florida document number L04000061306		_
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of the	he limited liability company here:	
he new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:	
Principal office address MUST BE A STREET.	ADDRESS)	
Thicipus office address in Col DE it Stituet	ADDICESSI	
	ADDICESS)	
	ADD/(LSSS)	
Enter new mailing address, if applicable:		
Enter new mailing address, if applicable:		
Enter new mailing address, if applicable:		
Inter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BO  B. If amending the registered agent and/or	OX)  registered office address on our records, e	
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BO  B. If amending the registered agent and/or	OX)  registered office address on our records, e	
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BO  B. If amending the registered agent and/or	OX)  registered office address on our records, e	
Inter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BO  If amending the registered agent and/or egistered agent and/or the new registered office the Name of New Registered Agent:	OX)  registered office address on our records, e	
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BO  B. If amending the registered agent and/or egistered agent and/or the new registered office	OX)  registered office address on our records, e	
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BO  B. If amending the registered agent and/or registered agent and/or the new registered office the new registered office the new registered office the new registered of New Registered Agent:	registered office address on our records, ece address here:	nter the name of the

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>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	Steven Manko	7000 N. Federal Hwy	□ Add
		Boca Raton, FL 33487	■ Remove
			Change
MGR	Steven Manko	7000 N. Federal Hwy	<b>⊟</b> Add
		Boca Raton, FL 33487	□ Remove
			☐ Change
			Add
			Remove
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			Add
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			Remove
			Channe

"Article V. This Limited Liability Comp	pany shall be manager-managed. The name and address of the person	
authorized to manage this Limited Liabil	lity Company is: Steven Manko, Manager, 7000 N. Federal Hwy	
Boca Raton, FL 33487."		
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ctive date, if other than the date of file effective date is listed, the date must be specific at If the date inserted in this block does not ment's effective date on the Department of	and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to be meet the applicable statutory filing requirements, this date will not be	o 605.0207 ( ∋ listed as t
ecord specifies a delayed effective se 90th day after the record is file	e date, but not an effective time, at 12:01 a.m. on the e d.	arlier of:
September 14B	-, <del>2015</del>	
X / Ann	on Con	
Signature of	a member or authorized representative of a member	_

Page 3 of 3

Filing Fee: \$25.00