104000079402

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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)
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08/20/08--01007--001 **25.00



M. THOMAS

AUG 2 1 2008

EXAMNET

W/940

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: TWO PILLAR DESIGN, 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:
LEE WERSTER (Name of Person)
(Firm/Company)
325 SAN JUAN DRIVE
PONTE VEDRA BEACH, FL 32082 (City/State and Zip Code)
For further information concerning this matter, please call:
LEE WEBSTER at (904) 631-231/ (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status & Ce
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

MANNA PROT	PERTIES,	LLC		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on ited Liability Company)	n our records.)		
The Articles of Organization for this Limited Liability Com Florida document number <u>L0400079402</u>	npany were filed on	102/2004	_ and assigned	
Florida document number			\$50 P.	
This amendment is submitted to amend the following:			08 NIG 20	
A. If amending name, enter the new name of the limited	d liability company here:	•	A E	
TWO PILLAR DES The new name must be distinguishable and end with the words "L.L.C."		," the designation "LLC	or the abbridged on	

Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRES	<u></u>	,		
Enter new mailing address, if applicable:			<u>,</u>	
(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		records, enter the	name of the new	
N OV. P				
Name of New Registered Agent:			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
New Registered Office Address:				
	(Enter Florida street address)			
		, Florida	<u> </u>	
	(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)

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

<u>itle</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Remove OB AUG 20 Add OF STATE Add Remove
			Add PREMOVED A
 			Add Remove
			Add Remove
). If amen	ding any other information, enter char	nge(s) here: (Attach additional sheets, if necessary.))
- - - -			
	ugust 18, 20	per or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00