L05000093410

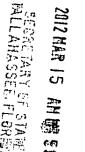
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Z	ip/Phone #)	
PICK-UP V	VAIT MAIL	
(Business E	ntity Name)	
(Document I	Number)	
Certified Copies Ce	ertificates of Status	
Special Instructions to Filing Off	icer:	
<i>.</i>	A R # # # # # # #	
A. LUNT		
l	MAR 1 6 2011	
EX	AMINE	

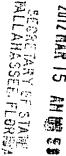
Office Use Only



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COVER LETTER

TO: Registration Sect Division of Corpo					
SUBJECT:	Manchac Name of Lim	ited Liability Company			
The enclosed Articles of Ar	mendment and fee(s) are sul	bmitted for filing.			
Please return all correspond	lence concerning this matter	r to the following:			
		Name of Person Chac's, LLC Firm/Company 8 Coolidge St. Address Lywood FL 330 City/State and Zip Code Company Company Coolidge St. Address Lywood FL 330 Company Company Company Coolidge St. Address	To the control of the	2012 HAR 15 AN SE	
For further information con	cerning this matter, please c	call:	The second secon	6/A 649	
Charles Lee Name of P	e Manchac erson	at (<u>954)</u> <u>290 - 53</u> Area Code & Daytime	870 Telephone Number		
Enclosed is a check for the	following amount:				
\$25,00 Filing Fee [\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of State Certified Copy (additional copy is		l

MAILING ADDRESS:

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

STREET/COURIER ADDRESS: Registration Section

1.4.

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Manchac's	pany as it now appears on our records.) I Liability Company)	
(Name of the Limited Liability Companies) (A Florida Limited	l Liability Company)	
. The Articles of Organization for this Limited Liability Compar	ny were filed on 9/22/2005	and assigned
Florida document number <u>L0500093410</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lis	ability company here:	
		•
The new name must be distinguishable and end with the words "Li.L.C."	mited Liability Company," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:		5 T
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	3318 Coolidge St. Hollywood, FL. 33	
(Mailing address MAY BE A POST OFFICE BOX)	Hollywood, FL 33	021
B. If amending the registered agent and/or registered e registered agent and/or the new registered office address he	office address on our records, <u>enter</u> ere:	the name of the new
Name of New Registered Agent: Cha	Erles Lee Manchac B Coolidge St. Enter Florida street a wood City	,JR
New Registered Office Address: 3318	B Coolidge St.	
	Enter Florida street a	ddress
<u>Holly</u>	wood , Florida _	33021
New Registered Agent's Signature if changing Registered Agen		Zip Code
nen neginieren algent sanguanner. Hienanging Keustefen Aufb	, ·	

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 = M	lanaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	<u>Charles Let Mancha</u> c, JR	3318 Coolidge St. HOLLY WOOD, FL 33021	Add ☐ Remove
MGR.	Charles Manchac	33/8 Coolidge 5t. HOLLYWOOD FL 33021	Add Remove
		·	Add Remove
			A A BEET OF THE PROPERTY OF TH
			Add To Readeve
			Add Remove
D. If amend	ing any other information, enter change(s	here: (Attach additional sheets, if necessary.)	_
			
Dated	3/5/20/2	·	_
,		authorized representative of a member	
	Charles Le Typed or	printed name of signee	

Page 2 of 2

Filing Fee: \$25.00