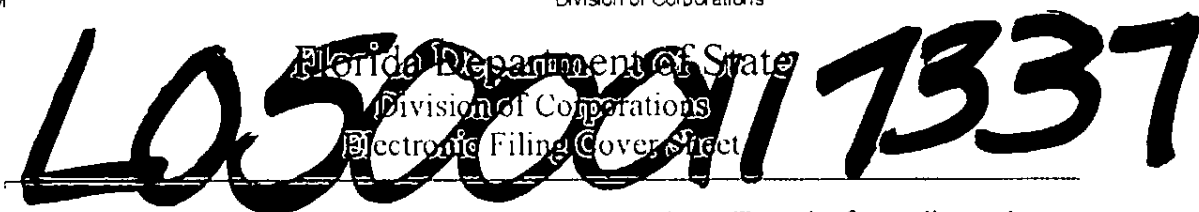


10/18/24, 2 19 PM

Division of Corporations



**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000349200 3)))



H240003492003ABCY

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : IVAN & DAUGUSTINIS, PLLC  
Account Number : 120180000057  
Phone : (904)395-2395  
Fax Number : (904)475-2121

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
MANLEY PROPERTIES, LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 06      |
| Estimated Charge      | \$25.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

**T. LEMIEUX**  
**OCT 21 2024**

L05000117337

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: MANLEY PROPERTIES, 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:

Clayton T. Miller

\_\_\_\_\_  
Name of Person

Ivan & Daugustinis, PLLC

\_\_\_\_\_  
Firm/Company

5150 Belfort Road, Bldg. 200

\_\_\_\_\_  
Address

Jacksonville, Florida 32256

\_\_\_\_\_  
City/State and Zip Code

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Clayton T. Miller

904 395-2395

at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime 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)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

L05000117337

L05000117337

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

MANLEY PROPERTIES, 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 December 8, 2005 and assigned Florida document number LO5000117337.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED  
2024 OCT 18 PM 3:52  
SEC. TREASURY OF STATE  
TALLAHASSEE FL  
abstract.com

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

\_\_\_\_\_, 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

L05000117337

L05000117337

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>         | <u>Type of Action</u>                      |
|--------------|---------------------|------------------------|--------------------------------------------|
| P            | Jeffrey R. Shipman  | 1143 Haines Street     | <input type="checkbox"/> Add               |
|              |                     | Jacksonville, FL 32206 | <input checked="" type="checkbox"/> Remove |
|              |                     |                        | <input type="checkbox"/> Change            |
| MGR          | Melissa June Manley | 1143 Haines Street     | <input checked="" type="checkbox"/> Add    |
|              |                     | Jacksonville, FL 32206 | <input type="checkbox"/> Remove            |
|              |                     |                        | <input type="checkbox"/> Change            |
|              |                     |                        | <input type="checkbox"/> Add               |
|              |                     |                        | <input type="checkbox"/> Remove            |
|              |                     |                        | <input type="checkbox"/> Change            |
|              |                     |                        | <input type="checkbox"/> Add               |
|              |                     |                        | <input type="checkbox"/> Remove            |
|              |                     |                        | <input type="checkbox"/> Change            |
|              |                     |                        | <input type="checkbox"/> Add               |
|              |                     |                        | <input type="checkbox"/> Remove            |
|              |                     |                        | <input type="checkbox"/> Change            |
|              |                     |                        | <input type="checkbox"/> Add               |
|              |                     |                        | <input type="checkbox"/> Remove            |
|              |                     |                        | <input type="checkbox"/> Change            |

L05000117337

[illegible]

L05000117337