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(Address)

(Address)

(City/State/Zip/Phone #)

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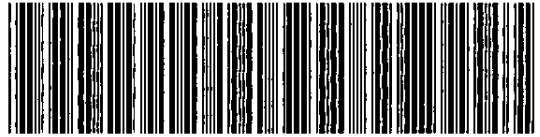
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. THOMAS

JAN -5 2010

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MANISA 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:

TODD SPRAKER

Name of Person

MANISA LLC

Firm/Company

PO BOX 1626

Address

Dunnellon, Fl. 34430

City/State and Zip Code

T_SPRAKER @ HOTMAIL.COM

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

For further information concerning this matter, please call:

Lorenzo Ramunno Esq

Name of Person

at (**352**)

854 5570

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/COURIER ADDRESS:

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

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2010 JAN -4 PM 3:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO: Registration Section
Division of Corporations

SUBJECT: Amendment Manisa LLC

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lorenzo Ramunno Esq
Ramunno Law Firm, PA
7500 SW 61 Avenue, Suite 100
Ocala, FL 34476
E-mail address (to be used for future annual report notification): lorenram@att.net

For further information concerning this matter, please call:

Lorenzo Ramunno Esq at (352) 854 5570

Enclosed is a check for the following amount: \$35.00 Filing Fee and ~~Certified Copy~~ (additional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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

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TALLAHASSEE, FL
SECRETARY OF STATE

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

MANISA 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 06/05/2006 and assigned
Florida document number L06000056906.

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 "Limited Liability Company," the designation "LLC" or the abbreviation "L.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)

PO BOX 1626
Dunnellon, Fl. 34430-1626

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TALLAHASSEE, FLORIDA

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: Todd Spraker

New Registered Office Address: 10665 SW 110th Street
Enter Florida street address

Dunnellon, Florida 34432
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.

Todd Spraker
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>	<u>Address</u>	<u>Type of Action</u>
mgr	Manny Camps	20049 E Pennsylvania Ave Dunnellon, FL 34432	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
mgrm	Isabel Camps	20049 E Pennsylvania Ave Dunnellon, FL 34432	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
Mgrm	Todd Spraker	PO Box 1626 Dunnellon, FL 34430-1626	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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 TALLAHASSEE, FL 32399

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated December 30, 2009


 Signature of a member or authorized representative of a member

Isabel Camps
 Typed or printed name of signee