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EXAMINER

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SECRETARY OF STATE

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	The Carla (Name of Limited	3. Mennefee,	LLC
The enclosed Articles o	f Amendment and fee(s) are submi	tted for filing.	
Please return all corresp	ondence concerning this matter to	the following:	
	ANTON	Nendoza (Name of Person)	
	The Car	Yla G. Mennef (Firm/Company)	ee Investment, LLC
	5901 US	HWY 19, Nort	h Suite 8
	New Port	Richey FL. City/State and Zip Code)	34652
For further information	concerning this matter, please call	:	
<u>Miguel</u> (Name	Perez e of Person)	at (<u>727) 597 – 8</u> (Area Code & Daytime [*]	Felephone 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

FILED

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2008 APR 25 PM 1: 04

SECRETARY OF STATE TALLAHASSEE, FLORIDA

The Carla G.	Mennefee, LLC bility Company as it now appears on ou orida Limited Liability Company)	
(Name of the Limited Lin (A Flo	rida Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liabi	lity Company were filed on	$\frac{4/2008}{}$ and assigned
Florida document number <u>LD80000 16</u>	<u>747</u> .	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the The Carla G. Menno The new name must be distinguishable and end with the "L.L.C."		LC e designation "LLC" or the abbreviation
L.L.C.		
B. If amending the registered agent and/or registered agent and/or the new registered office		ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	(Enter Florida street address)	
		, Florida
_	(City)	, Florida(Zip Code)
New Registered Agent's Signature, if changing Regi	stered Agent:	
I hereby accept the appointment as registered a the provisions of all statutes relative to the prop accept the obligations of my position as register being filed to merely reflect a change in the reg company has been notified in writing of this cha	er and complete performance of my c red agent as provided for in Chapter istered office address, I hereby confir	duties, and I am familiar with and 608, F.S. Or, if this document is
	(If Changing Desistand Agent Sign	nature of New Pagistered 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

			Add Remove
			Add Remove
			Add Remove
			Add Remove
	·		Add Remove
			Add
f amendi	ng any other information, enter	r change(s) here: (Attach additional sheets	
	04/22.	2008	2008 APR 25 SECRETARY TALLAHASSI
-		member of authorized representative of a mem quel Percz Typed or printed name of signee	me en

Page 2 of 2

Filing Fee: \$25.00