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TALLAMASSEE, FLORIDA

TO ACKNOWLEDGE SUFFICIENCY OF FILING DEPARTMENT OF STATE

B. KOHR

MAR 2 5 2009

**EXAMINER** 



ACCOUNT NO. : 07210000032				
REFERENCE : 933136 7601191 3				
AUTHORIZATION CONCESSED AUTHOR				
REFERENCE: 933136 7601191  AUTHORIZATION COST LIMIT: \$ 25.00				
بن المراجعة ORDER DATE : March 23, 2009				
ORDER TIME : 11:56 AM				
ORDER NO. : 933136-010				
CUSTOMER NO: 7601191				
DOMESTIC AMENDMENT FILING  NAME: SCP PUB 'N' GRUB, LLC				
XX ARTICLES OF AMENDMENT				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
XX PLAIN STAMPED COPY				
CONTACT PERSON: Kimberly Moret EXT# 2949				
EXAMINER'S INITIALS:				

Florida document number LDECCO

The Articles of Organization for this Limited Liability Company were filed on \_\_i

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARTICLES OF A		N PROPERTY OF THE PARTY OF THE
ARTICLES OF O	RGANIZATIO	ELED RECED BY
SCP PUB 'N'	GRUB, LLC	on our meants)
(Name of the Limited Liability Compar (A Florida Limited L	iability Company)	
on for this Limited Liability Company	were filed on	Z/17 / Zoo Cand assigned
tted to amend the following:		
nter the new name of the limited liab	lity company here:	•
, LLC		
nguishable and end with the words "Limit	ted Liability Company	," the designation "LLC" or the abbreviation
ces address, if applicable:  MUST BE A STREET ADDRESS)	580 Bird So	ng place
•		

(Zip Code)

This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MANN-AGEMENT, LLC The new name must be distinguishable and end with the words "Limited Liability Company," "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) 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

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.

(City)

(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>	Address	Type of Action			
MGR	Todd Mann	PO BOX 338 Sanibel FL 33957	Add Remove			
<del></del>			Add Remove			
			Add Remove			
			Add Remove			
			Add Remove			
			Add Remove			
D. If amend	ding any other information, enter char	nge(s) here: (Attach additional sheets, if necessary				
		**************************************	<del></del>			
— — Dated <u>3/24</u>	./09					
2400 <u>2127</u>						
	<del>-</del>	er or authorized representative of a member	1/			
Todd Mann signing on behalf of LLC Typed or printed name of signee						

Page 2 of 2

Filing Fee: \$25.00