## L09000001417

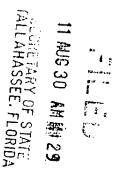
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MA	L				
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



600211288676

08/29/11---01040---018 \*\*25.00



D. BRUCE

AUG 31 2011

**EXAMINER** 

## **COVER LETTER**

TO:	Registration S Division of Co				
SUBJECT: Maniscolumbia, LLC					
		Name of Lim	ited Liability Company		
The en	closed Articles of	f Amendment and fee(s) are sub	omitted for filing.		
Please	return all corresp	ondence concerning this matter	to the following:		
		-	Robert H. Manis		
			Name of Person		
٠			Firm/Company	<del></del>	
47		70 Columbia Drive, B-101			
	West Palm Beach, FL 33409				
	City/State and Zip Code				MUG 30 CIKETAR) AHASSI
		E-mail address: (	anis@manisoshell.com to be used for future annual report n	otification)	171
For fur	ther information of	concerning this matter, please c	rall:		AH (M) 29 OF STATE E. FLORID
		bert H. Manis	at ( <u>561</u> ) Area Code & Day	656-4849 time Telephone Number	
	ed is a check for t	he following amount:  \$\begin{align*}     \begin{align*}     \begin{align*}     \text{Status} & \text{Certificate of Status} & \text{.}  \end{align*}	\$55.00 Filing Fee & Certified Copy (additional copy is enclo	sed) Certified	ite of Status &
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COU Registration Sec Division of Cor Clifton Building 2661 Executive Tallahassee, FL	porations 3 Center Circle		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

N	/laniscolumbia, LLC			
( <u>Name of the Limited Li</u> (A Fl	ability Company as it now appear orida Limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liabi	ility Company were filed on	7/13/09	and assigned	
Florida document numberL090006742	<u>17                                    </u>			
This amendment is submitted to amend the followi	ing:			
A. If amending name, <u>enter the new name of th</u>	e limited liability company her	<u>e</u> :		
The new name must be distinguishable and end with the "L.L.C."		nny," the designation "	LLC" or the abbreviation	
Enter new principal offices address, if applicabl	e:		4444 ,	
(Principal office address MUST BE A STREET A	ADDRESS)			
			A C	
			JG 3	
Enter new mailing address, if applicable:			SEE O	
(Mailing address MAY BE A POST OFFICE BO	<u>(X)</u>		OF A	
			OR TO	
	<del></del>		DA	
B. If amending the registered agent and/or registered agent and/or the new registered office				
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 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 = N	lanaging Member		
<u>Title</u>	Name	Address	Type of Action
MGRM	Robert Manis	470 Columbia Drive, B-101 West Palm Beach, Fl. 33409	Add  Remove
MGRM_	ROBERTH MANIS REVOCABLE LIVING TRUST WAD 4/0/03	470 Columbia Drive, B-101 West Palm Beach, FL 33409	Add ☐ Remove
<del></del>			Add Remove
	<del></del>		Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter change	e(s) here: (Attach additional sheets, if necessa	ury.)
			11 AU
_			G30 AM
Dated	August 12 20	<u>11</u> .	STATE LORIDA
	Signature of a member	or authorized representative of a member	
	-	t H. Manis, Trustee	
		or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00