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PICK-UP	☐ WAIT	MAIL
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B. BOSTICK
NOV 18 2013
EXAMINER

## COVER LÉTTÉR

TO: Registration Section
Division of Corporations

SUBJECT: Tulong Pinoy 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:

## David B. Brunsman

Name of Person

Firm/Company

Unit 73000, Box 20

Address

APO AE 09890-3000

City/State and Zip Code

TulongPinoy@ymail.com

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

For further information concerning this matter, please call:

David B. Brunsman

757 872-6621 ext. 30440

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/COURIER ADDRESS:

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

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TULONG PINOY LLC				
( <u>Name of the Limited</u> ) (A	<u>Liability Compan</u> Florida Limited Li	y as it now appears on our recability Company)	ords.)	
The Articles of Organization for this Limited Liz Florida document number <u>L09000077223</u>	ability Company	were filed on August 11, 2	009 and assigned	
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liabi	ility company here:		
ManHire LLC				
The new name must be distinguishable and end wit "L.L.C."	h the words "Limit	ted Liability Company," the desi	gnation "LLC" or the abbreviati	
Enter new principal offices address, if application	able:	6126 Tremayne Drive	2013	
(Principal office address MUST BE A STREE	T ADDRESS)	Mount Dora, Florida 33	2757: 8	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>	Unit 73000, Box 20 APO AE 09890-3000 Attn: David B. Brunsn	SSE CE TO THE TOTAL PROPERTY OF THE TOTAL PR	
B. If amending the registered agent and/or the new registered of			s, enter the name of the n	
Name of New Registered Agent:	David B. Bı	runsman		
New Registered Office Address:	6126 Trem	ayne Drive		
<del></del>	Enter Florida street address			
	Mount Dora	a, F	lorida <u>32757</u>	
		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 an 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 Managor Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	Maria Theresa G. Brunsman	6126 Tremayne Drive	Add
		Mount Dora, Florida 32757	Remove
MGRM	David B. Brunsman	6126 Tremayne Drive	🖌 Add
		Mount Dora, Florida 32757	Remove
	<del>-</del>	2813 NUF 1	Add
		5 Ph 4:	Remove
		<u></u> 3	Add
			Remove
			Add
			Remove
<del></del>			Add
			_ Remove

). If amending any other i	nformation, enter change(s) here: (Attach additional sheets, if necessary.)
<del></del>	
o <sub>ated</sub> October 27	2013
	Daid B Be
	Signature of a member or authorized representative of a member
David B. I	Brunsman
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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