

#L09000077223

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

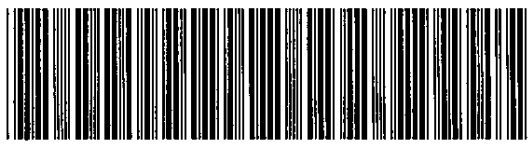
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
JUL 15 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ManHire 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:

Mrs. Maria Concepcion Gatmaitan Best

Name of Person

EnTrusted Care LLC

Firm/Company

5341 Blue Grass Street

Address

Orlando, Florida 32810

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:

Mrs. Maria Concepcion Gatmaitan Best 407 802-6001

Name of Person at () _____
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

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2015 JUL 13 AM 11:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ManHire 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 August 11, 2009 and assigned Florida document number L09000077223

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

EnTrusted Care LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

EnTrusted Care LLC

(Principal office address MUST BE A STREET ADDRESS)

5341 Blue Grass Street

Orlando, Florida 32810

Enter new mailing address, if applicable:

EnTrusted Care LLC

(Mailing address MAY BE A POST OFFICE BOX)

5341 Blue Grass Street

Orlando, Florida 32810

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:

EnTrusted Care LLC

MARIA CONCEPCION GUTIERREZ BEST

New Registered Office Address:

5341 BLUE GRASS STREET

Enter Florida street address

ORLANDO

City

Florida 32810

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Maria Theresa G. Brunzman	6126 Tremayne Drive	<input checked="" type="checkbox"/> Add
		Mount Dora, Florida 32757	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	David B. Brunzman	6126 Tremayne Drive	<input type="checkbox"/> Add
		Mount Dora, Florida 32757	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Maria Concepcion Gatmaitan Best	5341 Blue Grass Street	<input checked="" type="checkbox"/> Add
		Orlando, Florida 32810	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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


Lined area for amending information.

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TALAMON SECRETARIAT
STATE OF FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated July 7, 2015


Signature of a member or authorized representative of a member

Maria Concepcion Gatmaitan Best

Typed or printed name of signee