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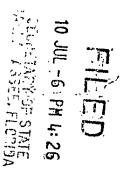
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D. BRUCE

EXAMINER

COVER LETTER

Division of Cor				
SUBJECT:	MANAKAI L	4 C		
SUBJECT.	Name of Limi	ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	• •	
Please return all correspo	ondence concerning this matter	to the following:	•	
	Trans	1500-1-50		
	JEHNO	LEBREVELEC. Name of Person		×
	· 12A	NAKA) ILC		
		VAKA) LLC Firm/Company		
	<u>304 S</u>	suth east 4th	Avenue	
	DELRAY BE	City/State and Zip Code	3483	10 JE
	E-mail address:	ELEC (Bellsout) to be used for future armual report	notification)	
For further information c	concerning this matter, please c	all:		PER STATE
J. LEBRO Name o	EVELEC_ of Person	at (56/) 306 Area Code & Da	5 - 8 4 O B Lytime Telephone Number	
· :				
Enclosed is a check for the	he following amount:	پر خور بي ميد هه	يحمين ومانها جايدا الي ال	ي ميد د د
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is encl	osed) Certified	ate of Status &
•				
Regist	ING ADDRESS: ration Section	STREET/CO Registration S Division of Co		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MANAKAI LLC	* • • • • • • • • • • • • • • • • • • •
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company w	vere filed on 10/12/2009 and assigned
Florida document number <u>L 090000 987</u> 2/	
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liabili</u>	ity company here:
The new name must be distinguishable and end with the words "Limited "L.L.C."	ed Liability Company," the designation "LLC" or the abbrevia
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	<u> </u>
	6 6
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:	
	· · · · · · · · · · · · · · · · · · ·
Name of New Registered Agent:	The second secon
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 = Managing Member Type of Action **Title** Name <u>Address</u> Remove Add Remove Add Remove Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member of authorized representative of a member CEBREVELEC
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00