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JIVISION OF CORPORATION

T. HAMPTON

JAN 1 2 2010

EXAMINER

COVER LETTER

Divisio	of Corporations				
SUBJECT:	MANCHE	ESTER DRIVE LLC			
	Name of Limited Liability Company				
The enclosed Art	icles of Amendment and fee(s) are s	submitted for filing.			
Please return all	correspondence concerning this mat	ter to the following:			
		Antonio Faga, Esquire			
		Name of Person			
		Firm/Company			
	7955	Airport Road North, Suite 101			
		Naples, Florida 34109			
		City/State and Zip Code			
	Constitution	: (to be used for future annual report notification)			
For further inform	nation concerning this matter, please				
q	Antonio Faga	at (239) 597-9999 Area Code & Daytime Telephone Number			
	Name of Person	Area Code & Daytime Telephone Number			
Enclosed is a chec	ck for the following amount:				
▼ \$25.00 Filing	Fee \$\sum \\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) 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

This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company	<u>here</u> :		
The new name must be distinguishable and end with the words "Lim	ited Liability Cor	nnany" the designation "	LLC" or the abbreviation	
"L.L.C."	ned Elability Col	upany, the designation		
Enter new principal offices address, if applicable:	<u></u>			
(Principal office address MUST BE A STREET ADDRESS)	***************************************	· · · · · · · · · · · · · · · · · · ·	<u></u>	
	*****		<u> </u>	32
Enter new mailing address, if applicable:			70	COMPORATIONS
(Mailing address MAY BE A POST OFFICE BOX)	·		?	3
			<u> </u>	言
				•
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		n our records, <u>enter</u>	the name of the new	
	z ,			
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
·-	· <u> </u>	, Florida		
	Citv		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 **Title** Name <u>Address</u> Type of Action **MGRM Martina Jambrits** ☑ Add ☐ Remove 14436 Manchester Drive Naples, FL 34234 ☐ 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.)

2010 . January, 5 Dated O 1 / O 6 / 2 O 1 O
Signature of a member or authorized representative of a member Michael Jambrits

> Typed or printed name of signee Page 2 of 2

> > Filing Fee: \$25.00