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EXAMINER



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FALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT:	MANO	ONCRE, LLC.			
SUBJECT:		ited Liability Company			
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:					
	FRA	ANCIS M. BOYER, ESQ.			
		Name of Person			
	ВС	OYER LAW FIRM, P.L.			
		Firm/Company	· · · · · · · · · · · · · · · · · · ·		
	9471 BA	YMEADOWS RD, SUITE	∃ 404		
		Address			
	JAC	KSONVILLE, FL 32256			
		City/State and Zip Code			
	OFFICE E-mail address; (BOYERLAWFIRM.CO to be used for future annual report n	OM notification)		
For further information	concerning this matter, please of	•	,		
FRAI	NCIS M. BOYER	at (904)	236-5317		
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	S55.00 Filing Fee & Certified Copy (additional copy is enclo	Seed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
. Regis Divis	LING ADDRESS: tration Section ion of Corporations Box 6327	STREET/COU Registration Se Division of Cou Clifton Buildin	rporations		

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MANO	NCRE, LLC.		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appear ted Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Com	pany were filed on	09/22/2010	and assigned
Florida document numberL10000098883			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company her	<u>'e</u> :	
The new name must be distinguishable and end with the words "L.L.C."	Limited Liability Compa	any," the designation "	LLC" or the abbreviation
L.L.C.			1 7
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES.	S)		
			SSR 5
	·		
			of STATE
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		our records, enter	the name of the nev
egistered agent and/or the new registered office address	incre.		
Name of New Registered Agent:			
New Registered Office Address:	77 -		
	En	ter Florida street add	tress
		, Florida	
	Citv		Zin 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

احد ا

<u>Title</u>	Name	Address	Type of Action
MGRM	JEAN CREMER	499 N. STATE ROAD 434 SU ALTAMONTE SPRINGS FL.3	JITE 2063 ☐ Add 32714
<u>MGRM</u>	ANNE C. CREMER	499 N. STATE ROAD 434 SL ALTAMONTE SPRINGS FL	
MBR	MANON CREMER	499 N. STATE ROAD 434 SU ALTAMONTE SPRINGS EL 3	
		,	Add Remove
			AddRemove
			AddRemove
D. If am		ter change(s) here: (Attach additional sheets, if r	necessary.)
	ANNE CATHERINE CREME	R 51%	
	MANON CREMER49%	1,20000	
	V		*
Dated			·
Daica		Laeme	<u> </u>
	Signature of	a member or authorized representative of a member	
	<i>_</i>	ANNE CATHERINE CREMER. Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00