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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MANONCRE, 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:

FRANCIS M. BOYER, ESQ.

Name of Person

BOYER LAW FIRM, P.L.

Firm/Company

9471 BAYMEADOWS RD, SUITE 404

Address

JACKSONVILLE, FL 32256

City/State and Zip Code

OFFICE@BOYERLAWFIRM.COM

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

For further information concerning this matter, please call:

FRANCIS M. BOYER

Name of Person

at (904)

236-5317

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

MANONCRE, LLC.

Page 1 of 2

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

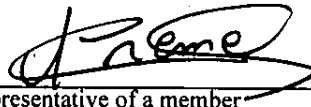
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	JEAN CREMER	499 N. STATE ROAD 434 SUITE 2063 ALTAMONTE SPRINGS FL 32714	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	ANNE C. CREMER	499 N. STATE ROAD 434 SUITE 2063 ALTAMONTE SPRINGS FL 32714	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MBR	MANON CREMER	499 N. STATE ROAD 434 SUITE 2063 ALTAMONTE SPRINGS FL 32714	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

ANNE CATHERINE CREMER... 51%

MANON CREMER.....49%

Dated _____, _____.



Signature of a member or authorized representative of a member

ANNE CATHERINE CREMER.

Typed or printed name of signee