

L100009773

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

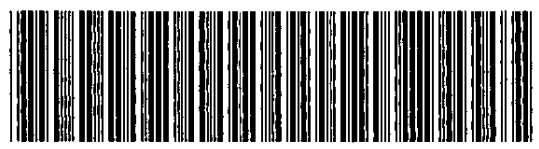
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JUL - 3 2012

EXAMINER



500236939845

06/29/12--01016--004 \*\*60.00

FILED  
12 JUN 29 PM 3:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: manor teak 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:

**paul allen**  
Name of Person

**manor teak llc**  
Firm/Company

**1800 pembroke drive, suite 300**  
Address

**orlando Florida 32810**  
City/State and Zip Code

**manorteakllc@gmail.com**  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**paul allen** at ( **407** ) **9928313**  
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
- \$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**

\_\_\_\_\_  
**(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 \_\_\_\_\_ and assigned Florida document number \_\_\_\_\_.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**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: \_\_\_\_\_

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**

| <u>Title</u> | <u>Name</u>    | <u>Address</u>                                    | <u>Type of Action</u>  |
|--------------|----------------|---|--|
| MGRM         | Paul Allen     | 1800 pembrook drive suite 300<br>orlando FL 32810 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| MGRM         | John L. Parkin | 1800 pembrook drive suite 300<br>orlando FL 32810 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |                |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated June 27th, 2012



Signature of a member or authorized representative of a member

Paul Allen

Typed or printed name of signee