L10000131020

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| - |
| |
| |

Office Use Only



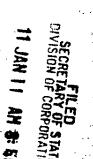
800189007228

TO ACKNOWLEDGE SUFFICIENCY OF FILING DEPARTMENT OF STATE
ONVISION OF CORPORATIONS

B. KOHR

JAN 1 2 2011

EXAMINER





ACCOUNT NO. : I2000000195

REFERENCE :

7501230

AUTHORIZATION :

COST LIMIT :

ORDER DATE: January 11, 2011

ORDER TIME: 11:45 AM

ORDER NO. : 639523-005

CUSTOMER NO: 7501230

DOMESTIC AMENDMENT FILING

NAME: MANNING FAMILY, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

__ CERTIFIED COPY XX PLAIN STAMPED COPY _____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap -- EXT# 2951

EXAMINER'S INITIALS:

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF



MANNING FAMILY, LLC
(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 Liabil: | ity Company were filed on | 12/23/2010 | _ and assigned | |
|--|------------------------------------|-----------------------------|------------------------|--|
| Florida document number L10000131020 | <u>0</u> . | | | |
| | | | | |
| This amendment is submitted to amend the following | ng: | | | |
| A. If amending name, enter the new name of the | limited liability company here: | : | | |
| MANNING | FAMILY INVESTMENT, LL | .C | | |
| The new name must be distinguishable and end with the "L.L.C." | e words "Limited Liability Company | y," the designation "LI | C" or the abbreviation | |
| Enter new principal offices address, if applicable | <u> </u> | | | |
| (Principal office address MUST BE A STREET A | DDRESS) | | ····· | |
| | | | | |
| | | | | |
| Enter new mailing address, if applicable: | | | | |
| (Mailing address MAY BE A POST OFFICE BO) | <u> </u> | <u> </u> | | |
| | | | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office | | ır records, <u>enter th</u> | e name of the ney | |
| Name of New Registered Agent: | | <u> </u> | · | |
| New Registered Office Address: | | | | |
| · · · · · · · · · · · · · · · · · · · | Ente | er Florida street addr | ess | |
| | | , 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

| <u>.</u> | <u>Name</u> | Address | Type of Action |
|----------|---|---------------------------------------|--|
| | | | Add Remove |
| | | | I Damaya |
| | | | (T) |
| | • | | —————————————————————————————————————— |
| | | | T****1.5% |
| | | | |
| f amer | nding any other information, enter chan | ge(s) here: (Attach additional she | |
| | | | |
| _ | | · | |
| ed | SANUARY 1) 20 | 7-17-1 | |
| | Signature of a memb | er or authorized epresentative of a m | ember |

Page 2 of 2

Filing Fee: \$25.00