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SECRETARY OF STATE

J. BRYAN

MAR 2 9 2011

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Manhatan Holding South Floridg Branch 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:
Please return all correspondence concerning this matter to the following:  Carolino Apolino Person  Carolino Apolino V  Name of Person  Carolino Apolino V  Carolino Apolino V  Name of Person
Cicline Apolindor  Firm/Company
Pitti/Company
9737 NW 41 Street Suite 577
Address
Ocial Fl 33178
City/State and Zip Code
nextstage solutions (6 11 ve. com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Cording Apolindar at (786) 5537784
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \\ \text{Certified Copy (additional copy is enclosed)} \\ Certified Copy (addit

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

Manhatlan Holdins	South Flords	Branch		PSSE P	7
	Liability Company as it is lorida Limited Liability		our records.)	20,70	مس
The Articles of Organization for this Limited Lia Florida document number <u>L 11 Cocco</u>	bility Company were fi	led on Ol	18/201	and assigned	
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	he limited liability cor	npany here:			
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liab	ility Company,"	the designation	"LLC" or the abbreviat	_ tion
Enter new principal offices address, if applical	ble:				_
(Principal office address MUST BE A STREET	ADDRESS)		<del></del>		_
	<del></del>		·		_
Enter new mailing address, if applicable:			<del></del>		_
(Mailing address MAY BE A POST OFFICE B	<u> </u>		<del>-</del>		-
B. If amending the registered agent and/or registered agent and/or the new registered offi		lress on our r	ecords, <u>enter</u>	the name of the n	- ev
Name of New Registered Agent:	Carolina Ap	elinder			_
New Registered Office Address:	9737 NW 4	Street	Suite	577	_
	<b>6</b> 1	Enter F	lorida street a		
	Deral		, Florida _	33178	_
Non-Basistand Assetts 61	City			Zip Code	
New Registered Agent's Signature, if changing Re	gisterea Agent:				

Together a regent of beginned by thanking registered regents

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 Type of Action Title Address Name **Lamirel** Suite 577 H6RM ☐ Add Remove Suite 577 Not stage solutions, LLC M6RM X 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.) March 20.LI 24 Dated Signature of a member or authorized representative of a member Cordina Apolin &V Typed or printed name of signee

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Filing Fee: \$25.00