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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

SUBJECT:	PRI MANO Name of Limit	cd Liability Company	
		to the following: M. CAHIC Name of Person MANOR LLC Firm/Company	
	TREASURE LEVIN CAH (E-mail address: (to concerning this matter, please ca	Address E SLAND FU City/State and Zip Code L GROUP & GMAI to be used for future annual report notificate all: at (813 - 830) Area Code & Daytime To	- 33706 23 - com H
Enclosed is a check for the \$25.00 Filing Fee	_	□\$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

TO:

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

CAPRI MANO	a LLC			
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears of ited Liability Company)	n our records.)		
The Articles of Organization for this Limited Liability Complete Florida document number	pany were filed on 31	JANUARY 2011	_ and ass	igned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	l liability company here:			
The new name must be distinguishable and end with the words "L.L.C."	'Limited Liability Company,	" the designation "LLC	" or the a	bbreviation
Enter new principal offices address, if applicable:		100 mg - 14 mg	201	
(Principal office address MUST BE A STREET ADDRES.	<u>.s)</u>	E u		the original and the second
		75	9 7	A ASSAULT
		ni-c Ties	+-	i Maryan
Enter new mailing address, if applicable:		्रम् ^{(प्र}	3:	F()
(Mailing address MAY BE A POST OFFICE BOX)			示. 15.3	
	 	ST I've	<u> </u>	
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		records, enter the	name o	f the new
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·			
New Registered Office Address:				
	Enter Florida street address			
		, Florida		
	City	2	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> **Type of Action** Name | **Address** ROBER P. WAENER 1812 WINCANTON DR Add M6RM LAS VEGAS NU 89134 DRemove MERM LISAM. CAHICL 134 116TH AVE #2 XAdd TREASURE ISLAND FL 33706 Remove Remove Remove Remove Remove

mending any other information, enter change(s) here: (Attach additional sheets, if no		-
		_
		_
		_
11 FEBRUARY 2013		
Signature of a relinger of authorized representative of a member	1	
KEVIN M. CAHICE Typed or printed name of signee		
Page 3 of 3		
Filing Fee: \$25.00	. —	201
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