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2 MAR 26 AH II: 13
ECRETARY OF STATE

K. SALY EXAMINER MAR 28 2012

### **COVER LETTER**

Division of Corporations '
SUBJECT: Manuel Property Holdings 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:
Scherer Valan
Name of Person
Maverick Property Holdings LLC Firm/Company
4846 N. University DR #192
Fort laudo ida le FL 33351 City/State and Zip Code
Mayerick property hold in a Com  E-mail address: (so be used for future annual report notification)
For further information concerning this matter, please call:
Schere Valcin at 94 282-9389 Name of Person Area Code & Daytime Telephone Number
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{S30.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\ \text{Certified Copy (additional copy is enclosed)}\$\$ 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

FIL

Zip Code

ARTICLES OF OR		12 MIR CILED
OF		12 MAR 26
Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our reability Company)	12 MAR 26 AM II: 13  SECRETARY DE STATE  COORDA
The Articles of Organization for this Limited Liability Company we Florida document number	vere filed on $3/2/2$	o// and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ity company here:	
The new name must be distinguishable and end with the words "Limite "L.L.C."	d Liability Company," the des	signation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ce address on our record	ls, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Faran Elanida	street address
	Enter r tortaa	sireel uuuress
	TC TC	Florida

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.

City

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>	Address	Type of Action		
MGRM	Scherer Valcin	4026 Inversary Blvd #1315 Landrhill, FL 33351	Add Remove		
MGRM	Sandra Hurtado	1126 S. Federal Hwy #145 FOR+ Carolerdale, FI 35516	Add Remove		
MGR_	Sandra Hurtado	1126 S. Federal Nwy #145 Fort Laudordale, FL 33316	Add Remove		
			Add Remove		
			Add Remove		
			Add Remove		
		ge(s) here: (Attach additional sheets, if necessary.)	<u>'am</u> —		
Dated/	Selv	D12.			
	Sche	r or authorized representative of a member  (ef Valcin d or printed name of signee			

Page 2 of 2

Filing Fee: \$25.00