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SECRETARY OF STATES

J. SAULSBERRY EXAMINER MAY 1 0 2011

## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT:		Holdings, LLC		<del>-</del>	
	f Amendment and fee(s) are sub				
Please return all corresp	ondence concerning this matter	to the following.			
		Miren I. Mantellini Name of Person		<b></b>	
	N	lanazo Holdings, LLC		_	
		r into Company			
	1	0435 SW 76th Street		<del></del>	
		Addiess	•	نام. ماند	
		Miami, FL 33173		2011 MAY -6 SECRETAR) ALLAHASSI	
		City/State and Zip Code		AR HAY	*11
	luis E-mail address: (	sman@bigpond.net.au to be used for future annual report r	notification)	-6 AR)	
For further information	concerning this matter, please o	call:	•	AM II: 25	
	en I. Mantellini	at (_305_)	274 8553	: 25 25	,
Name	of Person	Area Code & Day	ytime Telephone Numl	ber	,•
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 enclo	Certifi osed) Certifi	Filing Fee, icate of Status & ied Copy ional copy is enclo	osed)
Regis Divis P.O. 1	LING ADDRESS: tration Section ion of Corporations Box 6327 nassee, FL 32314	Registration Se Division of Co Clifton Buildin	orporations ng e Center Circle	:	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u> </u>	<u> Manazo Holdings, LLC</u>		
( <u>Name of the Limited</u> ) (A	Liability Company as it now appea Florida Limited Liability Company)	rs on ou <u>r records.</u> )	
The Articles of Organization for this Limited Liz Florida document numberL11000031		March 14, 2011	_ and assigned
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liability company he	<u>re</u> :	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Comp	any," the designation "LLC	" or the abbreviation
Enter new principal offices address, if applica	ble:		1
(Principal office address MUST BE A STREET	(ADDRESS)	<b>Z</b> .s	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE I  B. If amending the registered agent and/o registered agent and/or the new registered off  Name of New Registered Agent:	r registered office address on	CRETARY OF STATES	AP III 25 name of the new
New Registered Office Address:	E	nter Florida street addres	S
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing R	egistered Agent:		
I hereby accept the appointment as registered the provisions of all statutes relative to the praccept the obligations of my position as regis being filed to merely reflect a change in the recompany has been notified in writing of this company has been notified.	oper and complete performance tered agent as provided for in C egistered office address, I hereb	e of my duties, and I am Chapter 608, F.S. Or, if	familiar with and this document is ed liability

Page 1 of 2

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 = Ma MGRM = N	nager Aanaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			D Damova
			Remove
			□ Damara
			□ Damaua
	·		Add Remove
	<u> </u>		Add Add Remove
D. If amen	ding any other information	enter change(s) here: (Attach additional sheets, if	HAY -6 AM   III
_ _ _			ATE: 25
Dated	April 27		
		Jithad Kaid	
	Signatu	e of a member or authorized representative of a member	
		Luis Mantellini Typed or printed name of signee	

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Filing Fee: \$25.00