L11000034468

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer	
·		

Office Use Only



900199192749

04/08/11--01038--014 **25.00



C. LEWIS

APRAI 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 11, 2011

THERESA MATIAS MANHATTANVILLE LLC 11 ISLAND AVE. #511 MIAMI BEACH, FL 33139

SUBJECT: MANHATTANVILLE LLC

Ref. Number: L11000034468

We have received your document for MANHATTANVILLE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please note, you must fill out both pages of the amendment in order for it to be filed by our office.

If you have any further questions concerning your document, please call (850) 245-6047.

Letter Number: 911A00008673

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

www.sunbiz.org

COVER LETTER

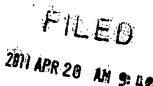
TO:	Registration Section Division of Corporation			
SUBJE	ЕСТ:	1ANHATTANVIL Name of Limit	LE LLC ted Liability Company	
The en	closed Articles of An	nendment and fee(s) are sub	emitted for filing.	
Please	return all correspond	ence concerning this matter	to the following:	
		THE	PESA MATIAS	
		, , ,	PESA MATTAS Name of Person	
		MANHA	9TTANVILLE LLC Firm/Company	1
		·	Address	
, , ,		MIAMI BE	Address Add	39
			City/State and Zip Code	
•		E-mail address: (i	TIAS O HOTMAIL.	ion)
For fur	ther information con-	cerning this matter, please c	all:	
THE	- PRESA MATT	A.S	at (<u>917)</u> 523-48 Area Code & Daytime To	803
1	Name of Po	erson	Area Code & Daytime To	elephone Number
Enclos	ed is a check for the	following amount:		
\$25	5.00 Filing Fee [\$30.00 Filing Fee & Certificate of Status	\$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 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



			2500	W 3: 48
MANHATTANI	VILLE LL	<u></u>	SECRETAR TALLAHAS	YOF STATE
(Name of the Limited Liabi (A Florid	lity Company as it not da Limited Liability Co	w appears on our	records.	EE, FLORIDA
	•		1	- 7
The Articles of Organization for this Limited Liability		1 on3/25	2/1/	and assigned
Florida document number 4 11 000034 44	<u> 8</u> .	•	/	
This amendment is submitted to amend the following	:			
A. If amending name, enter the new name of the b	imited liability comr	any here:		
The new name must be distinguishable and end with the v "L.L.C."	words "Limited Liabilit	y Company," the o	designation "LLC"	or the abbreviatio
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET AD	DRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
muning unitess MAT BE A FOST OFFICE BOX)				
B. If amending the registered agent and/or reg	ristered office addra	ess on our reco	rds enter the z	iame of the nev
registered agent and/or the new registered office ac		25 011 011 1000	, us, <u>enter the 1</u>	iunic of the nev
Γt_{11}			•	
Name of New Registered Agent:				
A				
New Registered Office Address:	<u></u>	Enter Floric	da street address	
: :				
· ·			Florida	ip Code
i`.	City		Z	ip Code
New Registered Agent's Signature, if changing Registe	red 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

MGR = Manager MGRM ≐ Managing Member						
<u> Title</u>	Name	Address	Type of Action			
1GRM	JOSE GAMALLO	11 ISLAND AVE. #511 MIAIMI BEACH FL) 33139	Add Remove			
·····			Add Remove			
			Add Remove			
			Add Remove			
			Add Remove			
			Add Remove			
). If amend	ling any other information, enter ch	ange(s) here: (Attach additional sheets, if necess	ary.)			
			ZBIJ APR 20 AM SECRETARY OF STANDAHASSEE. FU			
 Dated	4/14/11	. Thatias	AM 9: 12 K OF STATE EE: FEBRIDA			

Page 2 of 2

Filing Fee: \$25.00