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HOOT IT AMILION

K. SALY EXAMINER OCT 19 2011

COVER LETTER :

TO:	Registration Section Division of Corporations
SUBJI	Name of Limited Liability Company
The en	closed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Manine Diendonne Name of Person
	Manaza, LLC Firm/Company
	12195 NW TH AVE
	Mioni F1 33 168 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For fu	rther information concerning this matter, please call:
	Marine / Max at (786) 217 8707 (786) 306 63 16 Name of Persyn Area Code & Daytime Telephone Number
Enclos	sed is a check for the following amount:
\ \ \ \ \	5.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & \text{Certified Copy (additional copy is enclosed)}} \text{\$\ \text{Certified Copy (additional copy is enclosed)}} \$\ \text{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

FILED

OF		JULGALIAN AHII: O.
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our record ability Company)	TALLAHASS-FF-PIATE
The Articles of Organization for this Limited Liability Company v	were filed on $\frac{5}{2}$)// and assigned
Florida document number	• •	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi		
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the designa	ation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	12195 NW	7th AVE
(Principal office address MUST BE A STREET ADDRESS)	Miani, F1	33/68
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	12195 NW Miami, F/	7th AVE 33/68
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		enter the name of the new
Name of New Registered Agent:	R JOSE	PH
New Registered Office Address: 1219 E	5 NW 7th A Enter Florida stre	FV E
Mic	2 mi , Flor	-> 11 O
Now Registered Agent's Signature if changing Registered Agent	Сиу	Ζιρ Ουαε

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>	<u>Name</u>	Address	Type of Action
7	Manine	Dieudonne 12195 NW Th A Muami, F1 53/68	<i>U</i> ⊂ Add Romove
MG	R MAXR	JOSEPH 12195 NW 7th A Mani, F1 33/68	VE Add Remove
			Add Remove
			AddRemove
			Add Remove
			Add Remove
		on, enter change(s) here: (Attach additional sheets, if nec	
	Remove Cand the Pr Sieudopr	OLD Registered Agent resident Which is Manie	ine
Dated	October 12	<u> </u>	
	Signa	ture of a member or authorized representative of a member Typed or printed name of signee	1AXR JOSEPH

Page 2 of 2

Filing Fee: \$25.00