## L11000061993

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EXAMINEA



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## COVER LETTER

TO: Registration Se Division of Con		
SUBJECT:	MANOR and Trust LC	
	Name of Limited Liability Company	
	Amendment and fee(s) are submitted for filing.	
riease return an correspo	ondence concerning this matter to the following:	÷.
	Amendment and fee(s) are submitted for filing.  Shyrene HAmzehlon.  Name of Person	O CINTON
	Firm/Company	
	Va sc Ohi. Au	
	4755 Ohio Au Address	
	Shyrene 20 Daol-com  E-mail address: (to be used for future annual report notification)	
	Shyren, 20 2 Gol. com	
	E-mail address: (to be used for future annual report notification)	
For further information c	concerning this matter, please call:	
Shyrina	at (407) 4/6-5997  f Person Area Code & Daytime Telephone Number	
Name o	f Person Area Code & Daytime Telephone Number	
Enclosed is a check for th	ne following amount:	
\$25.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	
ſ	ING ADDRESS: STREET/COURIER ADDRESS:	
Divisio	ration Section Registration Section on of Corporations Division of Corporations	
<b>Y</b>	Clifton Building 2661 Executive Center Circle	
\	Tallahassee, FL 32301	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Manorp	IND Trust (	ر ر گُرُ آرایا ا
(Name of the Limited Lia (A Flo	ability Company as it now appears of orida Limited Liability Company)	n our records.)
The Articles of Organization for this Limited Liabi	lity Company were filed on	<b>*•</b> * **
This amendment is submitted to amend the followi	ng:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and end with th "L.L.C."	ne words "Limited Liability Company	"the designation "LLC" or the abbreviation
Enter new principal offices address, if applicabl	e:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		records, enter the name of the new
Name of New Registered Agent:	Shyrene H	Amzehloui
New Registered Office Address:	Same	
	Enter	Florida street address
-	<i>(</i> )''	, Florida Zip Code
	City	. 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>	<u>Name</u>	Address	Type of Action
m 6KM	Shyrene Hamzehl	oni 4755 Ohio Av SANFORD, FL 32771	Add Remove
			Add Remove
			AddRemove
			Add Remove
			Add Remove
<del></del>			Add Remove
D. If ame	ending any other information, enter o	change(s) here: (Attach additional sheets, if n	ecessary.)
-			
 Dated	2-20-12		
Dated	Shym Signature of a m	ember or authorized representative of a member	
	Shyre	rne Hamzehlou: Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00