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SECRETARY OF STATE

C. LEWIS

DEC 8 2011

EXAMINER

## **COVER LETTER**

TO: Registration S Division of Co	ection rporations	in d	
CUD DECTRA	Mannoe	Properties LLC	
SUBJEC™		ted Liability Company	
•		•	·*
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		Josephine Manos	
		Name of Person	
	M	annor Properties LLC	
		Firm/Company	<del></del>
	8	911 Cranes Nest CT	
		Address	
Çara ş	F	Fort Myers, FL 33908	
		City/State and Zip Code	
	Sba E-mail address: (	nks8911@hotmail.com to be used for future annual report noti	fication)
For further information	concerning this matter, please o	call:	
Jos	ephine Manos	at ( 239 <sub>a</sub> )	466 8215
Name	of Person		ne Telephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee &	\$55.00 Filing Fee &	\$60.00 Filing Fee,
<b>7 025</b> .00 1 mmg / <b>6</b> 0	Certificate of Status	Certified Copy (additional copy is enclose	Certificate of Status &
MAILING ADDRESS: Registration Section		STREET/COUR Registration Secti	
Division of Corporations P.O. Box 6327		Division of Corpo Clifton Building	orations

Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Mannor Properties LLC (Name of the Limited Liability Company as it now appears on our records, FRE TARY OF STATE (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on June 22, 2011 L11000073534 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida \_\_ City

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 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	Michael Bukowski	2285 First St Fort Myers, EL 33901	Add Remove
			Add Remove
			Add Remove
<u></u>			[ ] Damaya
			□ Domovo
			Add Remove
D. If amend	ling any other information, enter	change(s) here: (Attach additional sheets, if nece	
			ZOIL DEC =7 /
			AM 19:39 OF STATE E.FILORITA
Dated	December 5,  Signature of a n	2011  Compared the second seco	
		Typed or printed name of signee	<del></del>

Page 2 of 2

Filing Fee: \$25.00