Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: FRANK GUTTA CPA PA

Account Number: I19990000055

: (954)452-8813

Phone Fax Number

: (954)452-8359

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address

en@quttasharf.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MANTON 2, LLC

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JUL 17 2014

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Corporate Filing Menu

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Manton 2, LLC			
(Name of the Limited Liable (A Floric	Ity Company as It now a	opears on our records.)	
(A Floric	la Limited Liability Comp	iny)	556 7
The Articles of Organization for this Limited Liability	Company were filed o	n 7/22/11	and assigned
Florida document number L11000084594			and denighted ma
This amendment is submitted to amend the following:		•	
A. If amending name, enter the new name of the lin	nited Hability compa	ny here:	~.
The new name must be distinguishable and end with the words "I	Imited Linbility Company	"the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2		
(Principal office address MUST BE A STREET ADL	RESS)		
	<u></u>	h	
Enter new mailing address, if applicable:	-,,aa_au	····	
(Malling address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office ac		ess on our records, en	iter the name of the nev
Name of New Registered Agent			
New Registered Office Address:			
· ************************************	Enter Florida street address		
· · · · · · · · · · · · · · · · · · ·	<u></u>	Florid	
	Clty		Zip Code
New Registered Agent's Signature, if changing Regists			
I hereby accept the appointment as registered age provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this change	d complete performa d agent as provided f lered office address,	nce of my duties, and I or in Chapter 605, F.S	om familiar with and . Or, if this document is
	If Changing Regis	tered Agent, Signature of N	en Registered Agent
	Page I of 3		

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

<u>litle</u>	Name	Address	Type of Acti
MGMR	Harlshkumar Kantilal Mehta	490 Sawgrass Corp Pkwy Suite 310	
		Sunrise, FL 33325	■ Remove
MGMR Meena Jamnadas Mehta	490 Sawgrass Corp Pkwy Suite	310 Add	
		Sunrise, FL 33325	Remove
			□ Add
		<u> </u>	□ Remove
·			[] Add
			_ □ Remove
		·	[] Add
			☐ Remove

Mishaan Mehta will now be a Managing Member Instead of a Manager as proviously if	isted.
	<u></u>
	
E. Effective date, if other than the date of filing: (Optional (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Plerida Department of State) Dated July 15 (Optional 2014	
X W	
Mishaan Mehta	
Typed or printed name of signed	1.,

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