

L11000092201

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

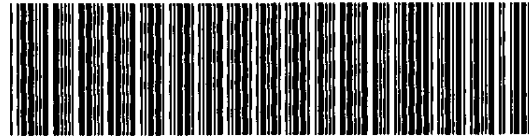
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SECRETARY OF STATE
GALLAHASSEE, FLORIDA

J. BRYAN

AUG 30 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MANIFEST HORIZONS LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOSEPH B. LIBERATI
Name of Person

Firm/Company

1605 SW 18TH ST
Address

DELIAY BEACH, FL 33426
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

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11 AUG 29 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

JOSEPH B. LIBERATI at (561) 536-6941
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 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

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11 AUG 29 PM 2:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MANIFEST HORIZONS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned
Florida document number L 1100009201

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

SAME AS ABOVE

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)

1605 SW 18TH ST
BOYNTON BEACH FL 33426

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1605 SW 18TH ST
BOYNTON BEACH FL 33426

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:

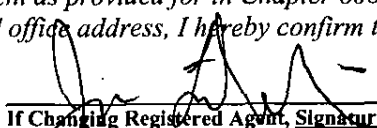
JOSEPH BRADFORD LIBERAI

New Registered Office Address:

1605 SW 18TH ST
Enter Florida street address
BOYNTON BEACH, Florida 33426
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

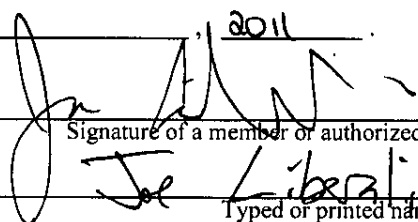
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	BERNADETTE WARD	1605 SW 18TH ST BOYNTON BEACH FL 33426	☐ Add ☐ Remove
MGR	JOSEPH BLADFORD LIBERTE	1605 SW 18TH ST BOYNTON BEACH FL 33426	☒ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated August 17, 2011



Typed or printed name of signee

Signature of a member or authorized representative of a member

Typed or printed name of signee

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TALLAHASSEE, FLORIDA