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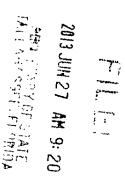
(Re	questor's Name)	
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J. SAULSBERRY EXAMINER

JUL -9 2013

## **COVER LETTER**

TO:

Registration Section Division of Corporations

SHELLCA

I.T. Manex, 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:

# Alberto Garcia Angeles

Name of Person

I.T. Manex, LLC

Firm/Company

16140 SW 151St ST

Address

Miramar, FL 33027

City/State and Zip Code

gaalberto@cartideonwheels.com

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

For further information concerning this matter, please call:

# Alberto Garcia Angeles

954 4424465

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

I.T Manex, LLC	WH 2
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.)
(A Florida Limited I The Articles of Organization for this Limited Liability Company Florida document number L1200062903	70 <b>.</b>
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liab</u>	oility company here:
IT Manex LLC	I'm taking out the comma from the name)
The new name must be distinguishable and end with the words "Lim L.L.C."	ited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	16140 SW 515+ ST
(Principal office address MUST BE A STREET ADDRESS)	MIRAMAR FL 33027
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	16140 SW 515+ ST  MIRAMOR FL 33027  fice address on our records, enter the name of the new e:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	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 =	AGRM = Managing Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action		
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			Remove		
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If amending any other information, enter	change(s) here: (Attach additional sheets, if necessary.)
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June 25	2013 /
ted June 25	
	Tout horse
Signature of a	member or authorized representative of a member
Alberto Garcia Angeles	
	Typed or printed name of signce

Page 3 of 3

Filing Fee: \$25.00

