L12000/37320

(Requ	iestor's Name)			
(Addr	ess)			
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(Addr	ess)			
(City/	State/Zip/Phone	e #)		
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(Docu	rment Number)			
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C. LEWIS
WAR 1 1 2013
EXAMINER

COVER LETTER

TO: Registration Section Proposition of Corporations

SUBJECT: Sweet Pops, 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:

Nava Manoah	
Name of Person	
Firm/Company	
3416 Juniper Lane	
Address	
Davie, FL 33330	
City/State and Zip Code	
mmanoah@hotmail.com	

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

For further information concerning this matter, please call:

Nava Manoah

,404,457-1440

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)

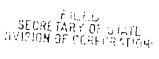
MAILING ADDRESS:

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 STYLES OF CORE OF THE **OF**



2813 MAR -8 AM 10: 46

Sweet Pops, LLC			
(<u>Name of the Limited L</u> (A F	<u>iability Company</u> Torida Limited Liab	as it now appears on our recordity Company)	<u>rds.</u>)
The Articles of Organization for this Limited Lial Florida document number <u>L12000137320</u>	bility Company w	ere filed on October 29, 2	012 and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liabilit	ty company here:	
Manoah Productions, LLC			
The new name must be distinguishable and end with "L.L.C."	the words "Limited	Liability Company," the design	nation "LLC" or the abbreviation
Enter new principal offices address, if applical	ble:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B	<u>ox)</u>	* 14.*	
B. If amending the registered agent and/or registered agent and/or the new registered offi		e address on our records,	enter the name of the new
Name of New Registered Agent:			
New Registered Office Address:		Enter Florida st	reat address
		Emer Pioriau Si	icei audiess
		, Flo	
		City	Zip Code
at the fact of the first the first terms of the fir			

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 **Address Type of Action Title** <u>Name</u> Remove Remove Remove Remove Remove

	rmation, enter change(s) here: (Attach additional	sheets, if necessary.)
		SECRETARY OF STAIL
		2013 MAR -8 AM 10: 40
		· · · · · · · · · · · · · · · · · · ·
Dated March 7	2013	
M. Y	nanval	
<u> </u>	Signature of a member or authorized representative of	a member
Nava Manoa	·	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00