

L14000012206

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. durch NOV 10 2014

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**Valhalla Manni LLC**

**SUBJECT:** \_\_\_\_\_  
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:

**Manager**

\_\_\_\_\_  
Name of Person

**Valhalla Manni LLC**

\_\_\_\_\_  
Firm/Company

**4265 US Hwy 98N Suite 538**

\_\_\_\_\_  
Address

**Lakeland FL 33809**

\_\_\_\_\_  
City/State and Zip Code

**valhallamanni@yahoo.com**

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

For further information concerning this matter, please call:

**Manager**

**(R. Towner)**

\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_

**863**

**2213338**

\_\_\_\_\_  
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

**TO  
ARTICLES OF ORGANIZATION  
OF**

Valhalla Manni 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 1/22/2014 and assigned  
Florida document number L14000012206.

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)

4265 US Hwy 98N Suite 538

Lakeland FL 33809

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

4265 US Hwy 98N Suite 538

Lakeland FL 33809

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TALLAHASSEE, FLORIDA

**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:

Valhalla Manni Trust, LLC

New Registered Office Address:

4265 US Hwy 98N Suite 538

*Enter Florida street address*

Lakeland

Florida

33809

*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 605, 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.*

*[Signature]*  
If Changing Registered Agent, Signature of New Registered Agent

Manager, Valhalla Manni  
Trust LLC

**Authorized Member being added or removed from our records:**

**MGR = Manager**

**AMBR = Authorized Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Roxane Barker		<input type="checkbox"/> Add
		5505 Chiles Lane	<input checked="" type="checkbox"/> Remove
		Lakeland FL 33810	
MGR	Valhalla Manni Trust, LLC	4265 US Hwy 98N Suite 538	<input checked="" type="checkbox"/> Add
		Lakeland FL 33810	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Add
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			<input type="checkbox"/> Remove

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**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 Florida Department of State)

October 31 2014

Dated \_\_\_\_\_, \_\_\_\_\_.



\_\_\_\_\_  
Signature of a member or authorized representative of a member

Manager, Valhalla Manni Trust LLC

\_\_\_\_\_  
Typed or printed name of signee

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