L14000112542				
(Requestor's Name) (Address) (Address)	200270249812			
(City/State/Zip/Phone #)	200270249812 03/09/1501029025 **25.00			
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	15 MAR -9 PM 12: 45 SECRETARY OF STATE TALLAINSSEP FLORIDA			
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T. HAMPTON

## COVER LETTER

TO: Registration Section Division of Corporations

MANLEY & SONS, 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:

J. KENT MANLEY

Name of Person

MANLEY & SONS, LLC

Firm/Company

1040 COLLIER CENTER WAY SUITE 12

Address

NAPLES, FL 34110

City/State and Zip Code

KENTMANLEY@AOL.COM

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

For further information concerning this matter, please call:

LYNDA MURRAY

Name of Person

239 597-6416

Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

Status 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

### MANLEY & SONS, LLC

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

The Articles of Organization for this Limited Liability Company were filed on <u>JULY 16, 2014</u> and assigned Florida document number <u>L14000112542</u>.

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:	TASE 15
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY RE A POST OFFICE ROX)	TAT OR

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

Name of New Registered Agent:		
New Registered Office Address:	<u></u>	
	Enter Floridu strøet address	
	, Flor	-ida
	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.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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

# MGR = Manager AMBR = Authorized Member

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Title	Name	Address	Type of Action
MGR	JOHN KENT MANLEY, III	1040 COLLIER CENTER WAY	Add
		SUITE 12	C Remove
		NAPLES, FL 34110	
MGR		1040 COLLIER CENTER WAY	Add
		SUITE 12	
		NAPLES, FL 34110	
			🗆 Add
		·····	Remove
			Add 15 ASE URANOVED
			9 PH 12: 45
	- 1.00,		Add Remove
		- <u></u>	

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

,

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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 (optional) the date this document is filed by the Florida Department of State) Dated \_\_\_\_ 2015 Signature of tember or authorized representative of a member J. KENT MANLEY Typed or printed name of signee L

Page 3 of 3 Filing Fee: \$25.00

MAR - 9 PH 12: 45 «باتند، ا التبشنانيه (\*\*\* \* 1 1 1