

LO5000042469

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To: Division of Corporations
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From: Account Name : ALECO HARALAMBIDES, P.A.
 Account Number : 120140000069
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DIVISION OF STATE
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**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MANGLAR, L.L.C.

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
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| Page Count | 01 |
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NOV 21 2018
EXAMINER

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MANGLAR, L.L.C.
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:

URANIA DOUCAS
Name of Person
Firm/Company
100 S PINE ISLAND RD SUITE 202
Address
PLANTATION, FL 33324
City/State and Zip Code
aleco@ajhfirm.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Aleco Haralambides, Esq. 305 854-5206
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- Checked: \$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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MANGLAR, L.L.C.

(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 4/29/2015 and assigned Florida document number L05000042469

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(NO CHANGE)

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(NO CHANGE)

(Mailing address MAY BE A POST OFFICE BOX)

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:

(NO CHANGE)

New Registered Office Address:

Enter Florida street address

City

Florida

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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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 | DOUCAS, MELETIOS | 3091 NE 45TH STREET | <input type="checkbox"/> Add |
| | | FORT LAUDERDALE, FL 33308 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | REPPAS, MICHAEL J., ESQ. | 100 S PINE ISLAND RD, SUITE 202 | <input type="checkbox"/> Add |
| | | PLANTATION, FL 33324 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | DOUCAS, URANTA | 100 S PINE ISLAND RD, SUITE 202 | <input checked="" type="checkbox"/> Add |
| | | PLANTATION, FL 33324 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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