

L14,0000127802

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

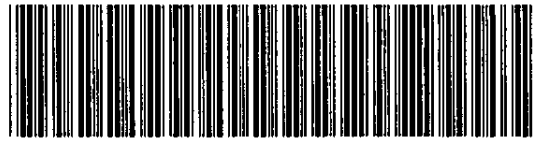
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800281907778

02/11/16--01011--009 \*\*25.00

16 FEB 11 PM 12:06  
STATE OF FLORIDA  
DEPARTMENT OF REVENUE

FEB 12 2016  
Y SULKER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: MANAGO 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:

Alexander S. Ghiso  
Name of Person  
Manago LLC  
Firm/Company  
1938 N. Hudson Avenue  
Address  
Chicago, IL 60614  
City/State and Zip Code  
alexghiso@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John R. Cappa II at (727) 894-3159  
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**

MANAGO 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 08/14/14 and assigned Florida document number L14000127802.

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:

1938 N. Hudson Ave.

**(Principal office address MUST BE A STREET ADDRESS)**

Chicago, IL 60614

Enter new mailing address, if applicable:

1938 N. Hudson Ave.

**(Mailing address MAY BE A POST OFFICE BOX)**

Chicago, IL 60614

**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:

John R. Cappa II

New Registered Office Address:

1229 Central Avenue

*Enter Florida street address*

St. Petersburg

*City*

Florida 33705

*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>
AMBR	ALEXANDER S. GHISO		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		1938 N. Hudson Ave., Chicago IL 60614	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

16 FEB 11 PM 12:00  
RECEIVED  
STATE OF ILLINOIS

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

Multiple horizontal lines for amending information.

16 FEB 11 PM 12:05  
RECEIVED  
STATE OF FLORIDA  
SECRETARY OF STATE

E. Effective date, if other than the date of filing: January 24, 2016 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated January 24, 2016

Signature of a member or authorized representative of a member

Alexander S. Ghiso

Typed or printed name of signee