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SECRETARY OF STATE DIVISION OF CORPORATIONS

B FIGUEROA JAN 3 1 2018

### **COVER LETTER**

TO: Registration Sec Division of Corp		•	
SUBJECT:	told Fast Name of Lim	Adventures ited Liability Company	LLC
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	R	Name of Person	SLM
		Name of Person	
	Ma	INGO HOUSE N	WFTL LLC
	PO B	NX 68	
	FONT	Lauderdale	1, FL 33302
	teebo E-mail address: ()	City/State and Zip Code  I NEQUYE 9 W  to be used for future annual report noti	12, FL 33302 1011, com fication)
For further information cor	ncerning this matter, please ca	) , ,	
Robert Name of	Larsen	at (254) Saytim	61-9603 e 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** 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 Florida document number 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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:

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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

MGR = Manager AMBR = Authorized Member Type of Action **Title Name** Mango House NWFTL LLC Fort Landerdale, FL XAdd ☐ Remove □ Change Robert Larsen H. Jr. ☐ Add ☐ Remove PO BOX 68 Fort Landerdall, FC 33302 Schange □ Add □ Remove \_□ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove 

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

or removed from our records:

\_□ Change

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Fectiv	we date, if other than the date of filing: $\frac{1/24/2018}{(optional)}$
ın effe	ective 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 605.02
cume	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed and seffective date on the Department of State's records.
reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.
ited _	January 24 2018
	.∦ / <b>.</b> ∦// / <b>.</b> ∧
	Signature of a member or authorized representative of a member
	7 / 7
	RobertHLargen 1-

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Filing Fee: \$25.00