L18000096913

(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

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FILED
2022 MAY -2 PM 12:08
SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED
2022 MAY -2 PM 4:40
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

gf 5/3/2022

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-624

PLEASE USE FUNDS FROM THIS ACCOUNT: I20210000160 AMOUNT: $25.00
AUTHORIZATION SIGNATURE: James Fuller
Turtle Home LLC. L18000096913
BUSINESS (Name) Document #

___ Walk in

___ Pick up time_____

___ Mail out

____ Will wait

___ Photocopy

____**Certified Copy (please stamp each page)**

___ **Certificate of Status**

NEW FILINGS

____Profit
____Not for Profit
____Limited Liability
____Domestication
____Other
___ **CORP**

AMMENDMENTS

__X__Amendment
____Resignation of R.A., Officer/Director
____Change of Registered Agent
____Dissolution/Withdrawal
____Merger
___**Conversion**

OTHER FILINGS

____Annual Report

____Fictitious Name

_____ APOSTIL ( ) _____
Country

REGISTERATION/QUALIFICATIONS

___ Foreign filing
____Limited Partnership
___ Reinstatement

____Other

EXAMINER'S INITIALS:_____

COVER LETTER

TO: **Registration Section**
Division of Corporations

TURTLE HOME 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:

PRITHI DASWANI
_____
Name of Person

Prithi Daswani CPA PL
_____
Firm/Company

6735 Conroy Windermere Rd STE 315
_____
Address

ORLANDO FL 32835
_____
City/State and Zip Code

prithid@cpa.com
_____
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PRITHI DASWANI 407 218 - 5921
_____ at (_____) _____
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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2022 MAY -2 PM 12:08

SEC... OF STATE
TALL... FLORIDA

TURTLE HOME 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 04/17/2018 and assigned Florida document number L18000096913.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

MANGO HOME LLC

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:

(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 Office Address:

Enter Florida street address

_____, **Florida** _____

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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
_____	_____	_____	☐Add
		_____	☐Remove
		_____	☐Change
_____	_____	_____	☐Add
		_____	☐Remove
		_____	☐Change
_____	_____	_____	☐Add
		_____	☐Remove
		_____	☐Change
_____	_____	_____	☐Add
		_____	☐Remove
		_____	☐Change
_____	_____	_____	☐Add
		_____	☐Remove
		_____	☐Change
_____	_____	_____	☐Add
		_____	☐Remove
		_____	☐Change

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

PLEASE AMEND THE NAME TO:

MANGO HOME LLC

E. Effective date, if other than the date of filing: _____ (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 April 19 2022

Signature of a member or authorized representative of a member

JACQUES LEUBA

Typed or printed name of signee

Filing Fee: $25.00