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| (R                                      | requestor's Name)   |           |  |  |  |
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## **COVER LETTER**

| TO: Registration Section Division of Corporations                                      |  |
|--|--|
| SUBJECT: Mango Tango Wella LLC   | 4  |
| (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:              | 3  |
| Marcos Salas (Name of Person)  |  |
| Mango Tamp Nedia LLC   |  |
| (Firm/Company)   | <del></del>  |
| 17990 w Dixie Hwy #421   | <del>-</del>   |
| North Miami Beach, FL 33160  | - 5 0  |
| (City/State and Zip Code)  | 08 A<br>SECI   |
| For further information concerning this matter, please call:                           | APR T  |
| Mar(US SalaS)  (Name of Person)  at 386, 357-4934  (Area Code & Daytime Telephone Num. | SSE G P  |
|  | STATE<br>LORIDA  |
| Enclosed is a check for the following amount:  |  |
| Certificate of Status Certified Copy Certifi (additional copy is enclosed) Certifi     | Filing Fee,<br>cate of Status &<br>ied Copy<br>ional copy is enclosed) |
| → MAILING ADDRESS:  STREET/COURIER ADDRESS:  |  |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

imited 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 \_\_\_\_\_\_D470 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." 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) (City) 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 608, F.S. Or, if this document is

(If Changing Registered Agent, Signature of New Registered Agent)

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

| <u>Title</u>                           | <u>Name</u>   | Address  | Type of Action               |
|--|---|--|------------------------------|
|  |   |  | Add Remove                   |
|  |   |  | Add Remove                   |
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| ······································ |   |  | Add Remove                   |
|  |   |  | Add Remove                   |
|  |   |  | Add<br>Remove                |
| D. If amen                             | ding any other information, enter ch<br>PHENO MAILING ADO<br>NEW ADORESS : 17<br>No | ange(s) here: (Attach additional she<br>ESS.<br>890 W Dixle Hwy.<br>th Liami Beach, Fl | # 421 88 7 7<br>33160 PG R D |
|  |   |  | 1: 14<br>STATE<br>LORDA      |
| Dated D                                | 1/14 November   | 7008   |                              |

Page 2 of 2

Filing Fee: \$25.00