

L09000081319

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

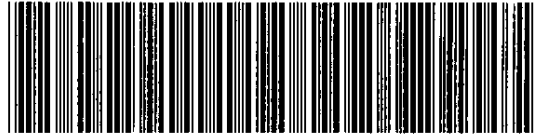
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/19/10--01008--021 **55.00

FILED
10 JAN 19 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

JAN 20 2009

EXAMINER

MANGO ENTERPRISES, LLC

15 JAN 10

~~5-NOVEMBER-2009~~

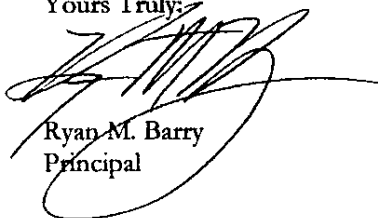
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Subject: Copy of Certified Articles of Organization

Sir/Madam:

I would like to request a certified copy of our Articles of Organization to provide to the IRS for the issuance of an EIN number. The IRS is requesting the document as the name Mango Enterprises was utilized in the past by another firm. Our document number is: **L09000081319** and was filed on 08-21-2009. If you could please forward a copy to our below address it would be most appreciated. Should you have any questions, please feel free to contact me directly. Thank you in advance.

Yours Truly:



Ryan M. Barry
Principal

CC: Corporate File

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MANGO ENTERPRISES, 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:

RYAN M. BARRY, LEED AP
Name of Person
MANGO ENTERPRISES, LLC
Firm/Company
4033 HENDERSON BLVD
Address
TAMPA, FL 33627
City/State and Zip Code
RBARRY@COASTALCITYSOLUTIONS.COM
E-mail address: (to be used for future annual report notification)

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10 JAN 19 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

RYAN M. BARRY at (813) 765-0042
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**

MANGO ENTERPRISES, 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 08-21-09 and signed

Florida document number L0900008319

FILED
10 JAN 19 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

This amendment is submitted to amend the following:

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

N/A
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

N/A
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A
(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:

N/A
Name of New Registered Agent:

New Registered Office Address:

N/A
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 608, 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 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:

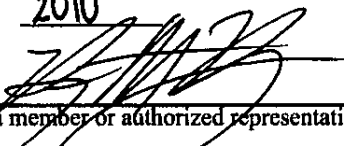
MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
MGR	MGRM BRYAN ROBERTS	301 45 TH AVE S ST. PETERSBURG, FL 33705 727-793-7808	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

FILED
 10 JAN 19 PM 4:01
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Dated JANUARY 15, 2010



 Signature of a member or authorized representative of a member

 RYAN M. BARRY

 Typed or printed name of signee