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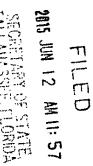
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COVER LETTER

	istration Sec ision of Corp		·			
SUBJECT:	Mangos Cul	oan Cafe of Naples, LLC				
		Name of Limited Liability Company				
The enclosed	d Articles of A	Amendment and fee(s) are sub-	mitted for filing.			
Please return	all correspor	ndence concerning this matter	to the following:			
		Rosario Salinas				
			Name of Person			
		Mangos Cuban Cafe of Na	ples, LLC			
		- , 	Firm/Company			
		1826 Trade Center Way St	e C			
			Address	<u> </u>		
		Naples, FL 34109				
		· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code			
		r.salinas@yahoo.com				
		E-mail address: (1	to be used for future annual report notifi	cation)		
For further in	nformation co	ncerning this matter, please ca	all:			
Rosario Sali	nas		408 416-1422 at ()			
	Name of	Person	Area Code Daytime	Telephone Number		
Enclosed is a	a check for the	e following amount:				
\$25.00 F	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

FILED 2015 JUN 12 AM II: 57

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Mangos Cuban Cafe of Naples, 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 Co Florida document number L13000130943	empany were filed on 09/16/2013	and assigned
Florida document number 113333133343	_•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed 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 ADDRE	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe	ered office address on our record	s, enter the name of the n
registered agent and/or the new registered office addre		<u> </u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	ss
·	, FI	orida Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered		

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>	Name	Address	Type of Action
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			Remove
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Dated June 08,	2015					
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Page 3 of 3

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