

L16000090038

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

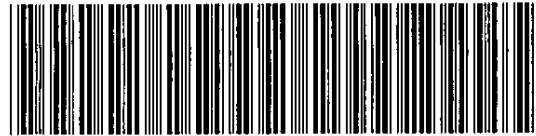
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
JUN 13 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MANTLE 7 PROPERTIES 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:

MICHAEL A. LEZCAND

Name of Person

MANTLE 7 PROPERTIES LLC

Firm/Company

10910 CARROLLWOOD DR

Address

TAMPA FL 33618

City/State and Zip Code

JAMCOMANC AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL A. LEZCAND at (813) 417 4342

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

MANTLE 2 PROPERTIES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on MAY 09, 2016 and assigned
Florida document number L16000090038

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 "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:

MICHAEL A. LEZCANO

New Registered Office Address:

10910 CARROLLWOOD DR

Enter Florida street address

TAMPA

City

, Florida

33618

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 added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>JOHN R MOORE</u>	<u>10905 ORANGE GROVE DR</u>	<input type="checkbox"/> Add
		<u>TAMPA FL 33618</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>MICHAEL A. LEZCANO</u>	<u>10910 CARROLLWOOD DR</u>	<input checked="" type="checkbox"/> Add
		<u>TAMPA FL 33618</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>STEVEN R CORP</u>	<u>10905 ORANGE GROVE DR</u>	<input checked="" type="checkbox"/> Add
		<u>TAMPA FL 33618</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06/06/2017

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.

Dated 06/07, 2017

MICHAEL A LEZCANO

Typed or printed name of signee

EXHIBIT A

ASSIGNMENT OF MEMBERSHIP INTEREST

This Assignment of Transfer is made as of the 6 day of June, 2017 by **JOHN R. MOORE** ("Assignor") in favor of **MICHAEL A. LEZCANO** ("Assignee").

WHEREAS, Assignor is a member of **MANTLE 7, LLC**; and

WHEREAS, Assignor is making a transfer of his entire membership interest of the aforementioned limited liability company in calendar year 2017 to the aforementioned Assignee;

NOW, THEREFORE, Assignor hereby irrevocably transfers to Assignee his entire membership interest of **MANTLE 7, LLC** owned by the Assignor to the Assignee in calendar year 2017.

Assignor for himself and his successors and assigns, hereby covenants and agrees that at any time, and from time to time hereafter, Assignor will, upon the request of Assignee, do, execute, acknowledge and deliver and will cause to be done, executed, acknowledged, and delivered, all such further documents in order to confirm the aforementioned transfer.

IN WITNESS WHEREOF, the Assignor has executed this Assignment of Membership Interest to Assignee as of the 6 day of June, 2017.


JOHN R. MOORE