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COVER LETTER

Division of Corporations
SUBJECT: MANGO MARKETING GROUP, 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:
PAUL E. MANGO Name of Person
MANGO MARKETING GROUP, LLC.
1627 RIVERVIEW RUAD, UNIT 314
DEERFIELD BEACH FLORIDA 33441 City/State and Zip Code
PMANGO (a NY CAP, RR, CON) E-mail address: (to by used for future annual report notification)
For further information concerning this matter, please call:
PAUL E MANGO at (5/8), 527-8686 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$\Bigcup \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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 MARKETINO	G GROUP, LL Company as it now appears on our	records.)
(A Florida Lir	mited Liability Company)	
The Articles of Organization for this Limited Liability Com	npany were filed on <u>19//_</u>	3/2016 and assigned
Florida document number <u>L16000171213</u> .	/	,
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
MANGO MARKETING AND VEHICE The new name must be distinguishable and contain the words "Limited	LE TRANSPOR Liability Company," the designatio	T GROUP LLC.
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u></u>	. Co
		8
Enter new mailing address, if applicable:		·
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	ed office address on our re	ecords, enter the name of the nev
registered agent and/or the new registered office auditess	s nere.	
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 added or removed from our records:

MGR = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			Change
			□ Remove
			☐ Change
			□ Add
			Remove
			Change
			Remove
			Change
			□ Remove
			□ Change

		
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or lote: If the date inserted in this block does not meet the applicable statutory fil ocument's effective date on the Department of State's records.	(optional) more than 90 days after filing.) Pursuiting requirements, this date will no	ant to 605.020° of be listed as
e record specifies a delayed effective date, but not an effective The 90th day after the record is filed.	time, at 12:01 a.m. on th	e earlier o
ated 10/26/2017 (.)	•	26
		117
L. K.C.	~	음
Signature of a member or authorized representati	ve of a member	60 <u>1</u> 30

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Filing Fee: \$25.00