L19000296300

| (Requestor's Name) |
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| (Address) |
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| (Address) |
| , |
| (City/State/Zip/Phone #) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
| |
| Special Instructions to Filing Officer: |
| GPSS/SI WALLESSONG TO MINING CONTROL |
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Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

September 15, 2020

JOHN B HANGARTNER 4209 FOGCUTTER CT TAMPA, FL 33615

SUBJECT: MANGROVE REAL ESTATE INVESTMENTS, LLC

Ref. Number: L19000296300

We have received your document for MANGROVE REAL ESTATE INVESTMENTS, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 120A00017565

Shelia S Young Regulatory Specialist II

www.sunbiz.org

COVER LETTER

LLC

| Division of Corp | porations | | |
|---------------------------------|---|---|--|
| SUBJECT: | Mang I Name of Lim | OVE Real Esta- | te Investments, |
| The enclosed Articles of 7 | Amendment and fee(s) are sub | omitted for filing. | |
| Please return all correspon | ndence concerning this matter | to the following: | |
| | John B H | angartner Jume of Person | · · · · · · · · · · · · · · · · · · · |
| | | Firm/Company | |
| | 4209 Fogo | utter Ct. | |
| | Janpa/FL | /33615 /City/State and Zip Code | |
| | Shy phase | artnera anail to be used for future sangul report noti | COM_ |
| For further information ec | oncerning this matter, please c | all: | |
| Sohn B Name of | Hangartner Person | at (<u>813</u>) <u>39</u> – Area Code Daytim | 1363 e Telephone Number |
| Enclosed is a check for th | e following amount: | | |
| □ \$25.00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | 12 \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Address Registration S | | <u>Street Address:</u> Registration Sec | etion |
| Division of Co P.O. Box 6327 | • | Division of Cor | porations |
| Taflahassee, F | | The Centre of T 2415 N. Monro | e Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (A | Florida Limited Lia | bility Company) | on our records, | | |
|--|----------------------------------|-------------------|-----------------------------|-------------------|--------------|
| The Articles of Organization for this Limited Liab Florida document number <u>L190002</u> | ility Company w <u>1630</u> 0 | ere filed on | 12-13-19 | and assi | gned |
| This amendment is submitted to amend the following | ing: | | | | |
| A. If amending name, enter the new name of th | ne limited liabili | ly company her | <u>e</u> : | | |
| The new name must be distinguishable and contain the word | ls "Limited Liability | Company," the des | agnation "LLC" or the a | ibbreviation 28.1 | . |
| Enter new principal offices address, if applicable | le: | | | 920 OC | |
| (Principal office address MUST BE A STREET | ADDRESS) | | | 105 T | THO ENGL |
| Enter new mailing address, if applicable: | '. | | | # 10 H | 0 |
| (Mailing address MAY BE A POST OFFICE BO | <i>DX)</i> | | | 7 | |
| - ' | | · | | | |
| B. If amending the registered agent and/or registered office address h | | dress on our red | cords, <u>enter the nar</u> | me of the new | registered |
| Name of New Registered Agent: | John | B Hange | artner - Ct | | |
| New Registered Office Address: | 4209 | Faggutter | <u> </u> | | |
| | | | la street address Florida | 2 | > |

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> | Name | Address | Type of Action |
|--------------|--------------------|---------------------------------------|----------------|
| AMBR | Rince R Hangartner | 4209 Fager Her Ct. | 🗀 Add |
| | | 4209 Foger Her Ct. Turpa, FC 33615 | Remove |
| | | | _ f.lChange |
| | | | 1.JAdd |
| | | | ElRemove |
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| D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|---|
| Rence & Hangertner's Membership interest, 49 units representing 49%, was surrendered on June 15, 2020 by the return of Rence & Hangartner's total capital contribution of \$49.00. |
| Capital Contribution of \$44,00. |
| |
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| |
| E. Effective date, if other than the date of filing: |
| i'the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of; (b) The 90th day after the record is filed. |
| Dated 9-23 ZOZO. Signature of amember or authorized representative of a member |
| Typed or printed name of status |