

L20000066476

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

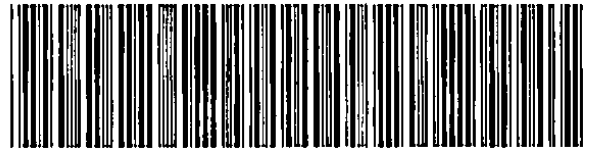
(Business Entity Name)

(Document Number)

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Amend

MAY 18 2020  
I ALBRITTON

TO: Registration Section  
Division of Corporations

Mangiamo

SUBJECT: \_\_\_\_\_  
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:

Kristen Cardoso

\_\_\_\_\_  
Name of Person

Mangiamo

\_\_\_\_\_  
Firm/Company

1230 NW 19th Street, Cape Coral, FL 33993

\_\_\_\_\_  
Address

Cape Coral, FL 33993

\_\_\_\_\_  
City/State and Zip Code

mangiamomeathballs@gmail.com

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

For further information concerning this matter, please call:

Kristen Cardoso

916 402-4445

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**TO  
ARTICLES OF ORGANIZATION  
OF**

Mangiamo

\_\_\_\_\_  
(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 02/28/2020 and assigned  
Florida document number 120000066476.

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 "LLC."

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: \_\_\_\_\_

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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>     | <u>Address</u>                            | <u>Type of Acti</u>                        |
|--------------|-----------------|---|--|
| MGR          | Anne McKay      | 13374 Island Road, Fort Myers, FL 33905   | <input type="checkbox"/> Add               |
|              |                 |   | <input checked="" type="checkbox"/> Remove |
|              |                 |   | <input type="checkbox"/> Change            |
| MGR          | Kristen Cardoso | 1230 NW 19th Street, Cape Coral, FL 33993 | <input checked="" type="checkbox"/> Add    |
|              |                 |   | <input type="checkbox"/> Remove            |
|              |                 |   | <input type="checkbox"/> Change            |
|              |                 |   | <input type="checkbox"/> Add               |
|              |                 |   | <input type="checkbox"/> Remove            |
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|              |                 |   | <input type="checkbox"/> Change            |
|              |                 |   | <input type="checkbox"/> Add               |
|              |                 |   | <input type="checkbox"/> Remove            |
|              |                 |   | <input type="checkbox"/> Change            |

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F. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records.

Dated April 29th 2020

Kristen Cardoso

Typed or printed name of signee