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SECRETARY OF STATI

COVER LETTER

TO:

TO: Registration Se Division of Cor				
	CIAL MANGO LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspondence	ondence concerning this matter	to the following:		
	Kathrine Karimi, Esq.			
	-	Name of Person		
	EPGD Business Law			
		Firm/Company		
	777 SW 37th Ave Suite 51	0	2023 AUG 15 SECRETAS TALLAHA	nt T
		Address		-
	Miami, FL 33135			1 ·
	kathrine@epgdlaw.com	City/State and Zip Code		ė.
		to be used for future annual report notifica	etion) 9. 02	
For further information c	oncerning this matter, please c	ан:		
Kathrine Karimi		786 837-6787 at ()		
Name o	f Person	Area Code Daytime T	elephone Number	
Enclosed is a check for the	he 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	Street Address: Registration Secti		
Division of C P.O. Box 632		Division of Corpo The Centre of Tal		
Tallahassee,		2415 N. Monroe S		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COMMERCIAL MANGO LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	npany as it now appears on our reco ed Liability Company)	<u>rds.</u>)
The Articles of Organization for this Limited Liability Comparition of Comparition of Comparition (Liability Comparition) and Comparition of Comparition (Liability Comparition) and Comparition (Liability Co	ny were filed on 06/09/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lic	ability Company," the designation "LI	LC" 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)		2023 AUG 15 SECRETAR TALLAH
		SSEE.S
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ce address on our records, <u>ent</u>	er the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	ress
	,]	Florida Zip Code
	City	Z.p Code
New Registered Agent's Signature, if changing Registered Age	nt:	
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent of	ete performance of my duties,	and I am familiar with and

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>	Address	Type of Action
AMBR	IGLESIAS, RAY	451 E Commercial Blvd	□Add
		Oakland Park, Fl. 33334	Remove
			■ Change
AMBR	IGLESIAS, DIANA F	451 E Commercial Blvd	□Add
		Oakland Park, FL 33334	Remove
			■Change
			202ZANG SECRET
			<u>∓</u> □ Ra move
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Nective date, if other than the date of filing:		(optiona	I)
an effective date is listed, the date must be specific and cannot be prior to ote: If the date inserted in this block does not meet the applicab	date of filing or more than	90 days after filir	ng.) Pursuant to 605.02
ocument's effective date on the Department of State's records.	ne statutory mang requi	emens, ms da	to will not be usion
			T 001 1 0 1
record specifies a delayed effective date, but not an effective tim is filed.	e, at 12:01 a.m. on the o	earlier of: (b)	i ne 90th day atter th
/			
ated 07/21 , 2023	<u>.</u> .		
ated 07/21 , 2023 Key I (Lo have) Signature of a member or authority			

Filing Fee: \$25.00