

121000055208

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

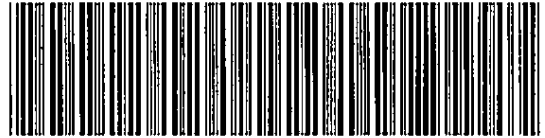
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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04/12/21 - 01010 - 029 **25.00

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2021 APR 12 PM 1:08
CLERK OF COURT
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SWEET MANGO MARKET 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:

CLAUDIA JIMENEZ

Name of Person

Firm/Company

2804 JAMES L REDMAN PARKWAYSUITE 106

Address

PLANT CITY, FL 33563

City/State and Zip Code

claudiajim40@gmail.com

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

For further information concerning this matter, please call:

CLAUDIA JIMENEZ

813 764-3749

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

A. If amending name, enter the new name of the limited liability company here:

SWEET MANGO MARKET LLC

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:

2804 JAMES L REDMAN PARKWAY SUITE 106

(Principal office address MUST BE A STREET ADDRESS)

PLANT CITY, FL 33563

Enter new mailing address, if applicable:

2804 JAMES L REDMAN PARKWAY SUITE 106

(Mailing address MAY BE A POST OFFICE BOX)

PLANT CITY, FL 33563

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:

CLAUDIA JIMENEZ

New Registered Office Address:

2804 JAMES L REDMAN PARKWAY SUITE 106

Enter Florida street address

PLANT CITY

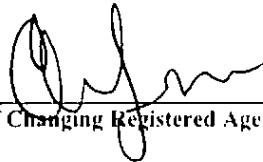
City

, Florida 33563

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

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TALLAHASSEE, FLORIDA

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>
MGR	CLAUDIA JIMENEZ	2804 JAMES L REDMAN PARKWAY SUITE 106	<input checked="" type="checkbox"/> Add
		PLANT CITY, FL FL	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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TALLAHASSEE, FLORIDA

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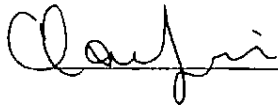
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If 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 APRIL 8, 2021



Signature of a member or authorized representative of a member

CLAUDIA JIMENEZ

Typed or printed name of signer

Filing Fee: \$25.00