4/12/2021

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000145695 3)))



H210001456953ABC0

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To:

Division of Corporations

Fax Number : (850)517-6383

From:

Account Name : CONTADORSUNNYISLES.COM INC

Account Number : I20200000118

Phone

: (305)260-6968

Fax Number

: (786)513-7810

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

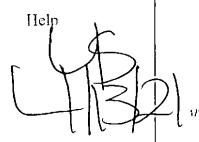
Email Address:\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MANGAS, LLC

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0
04
\$25.00

Electronic Filing Menu

Corporate Filing Menu



17865137810

From: Paloma Duarte

(((H210CC145595 3)))

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MANGAS, LLC			
(Name of the Limited Liability Compa (A Florida Limited)	ny na it naw appears on our records. Liability Company)	)	
The Articles of Organization for this Limited Liability Company Florida document number L21000087853	were filed on 2/22/21	and assign	ed
This amendment is submitted to amend the following:		2021 A	776
A. If amending name, enter the new name of the limited liah	ility company here:	- R	u y
MANGAS PALM COAST, LLC		<u> </u>	
The new name must be distinguishable and contain the words "Limited Liabi  Enter new principal offices address, if applicable:	lity Company," the designation "LLC"	in the appreviation LLLC	
(Principal office address MUST BE A STREET ADDRESS)		ω	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, enter	the name of the new r	registered
Name of New Registered Figure.			
New Registered Office Address:	Enter Florida street addres	ii .	
		orida	
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>		
I hereby accept the appointment as registered agent and age provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ree to act in this capacity. I full the performance of my duties, as a provided for in Chapter 605.	F.S. Or, if this docum	nent is
<u>11 Ct</u>	nanging Registered Agent, Signature	of New Registered Agent	<del></del>

From, Paloma Duarte

MGR = Manager

2021-04-12 18:34:19 GMT (((H210CC145695 3)))

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = A	uthorized Member		
Titte	Name	Address	Type of Action
			DAdd
			☐ Remove
			☐ Change
· · ·			
			202 Change
			Change   Cha
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			□Remove
			Change

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ffective date, if other than the date of filing:  m effective due is listed, the date must be specific and cannot be prior to date of dole; If the date inserted in this block does not meet the applicable state locument's effective date on the Department of State's records.	filling or more than 90 days utary filling requirement	optional) s after filing.) Pursu s, this date will n	ant to 605 or be list
record specifies a delayed effective date, but not an effective time, at 1 d is filed.	2:01 a.m. on the earlier	of: (b) The 90th	day afte
Dated APRIL, 7			
Signature of a member or authorized re			