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COVER LETTER

	Registration So Division of Cor			
eun we		TATE INVESTMENT LLC		
SUBJEC	.1;	Name of Lim	ited Liability Company	·
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for tiling.	
Please rei	turn all correspo	ondence concerning this matter	to the following:	
		ALENIS SANCHEZ		
			Name of Person	
		DL ACCOUNTING SERV	VICES LLC	
Firm/Company				
1275 W 47TH PL, SUITE 407				
			Address	
		HIALEAH, FL 33012		
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
		CEO@DLASPRO.COM		
			to be used for future annual report not	(ification)
For furth	er information c	concerning this matter, please co	all:	
ALEXIS	SANCHEZ		305 640-8110	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed	is a check for the	he following amount:		
€ \$25.0	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 Addres Registration S Division of C	Section Corporations	Street Address: Registration So Division of Co	rporations
	P.O. Box 632 Tallahassee,		The Centre of 2415 N. Monro	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



MANGO STATE INVESTMENT LLC

(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 Comp	pany were filed on $\frac{11/12/2021}{2}$	and assigned
Florida document number L21000487252		
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 designatio	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES.		
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records,	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
		, Florida Zip Code
	•	Zip Code
New Registered Agent's Signature, if changing Registered Ag	<u>ent:</u>	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compacted the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	olete performance of my dut as provided for in Chapter	ies, and I am familiar with and 605, F.S. Or, if this document is
Īſ	Changing Registered Agent, Sign	nature 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

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	MATIAS A TASIN	90 ALTON RD APT 1107	🗆 Add
		MIAMI, FL 33139	■Remove
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
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ective date, if other than the reffective date is listed, the date mu	e date of filing: _	not be prior to date	of filing or more than	(optional)	rsuant to 605 0207
te: If the date inserted in this b	lock does not meet	the applicable st	atutory filing requi	ements, this date wil	I not be listed as
nument's effective date on the f	Department of State	's records.			
cord specifies a delayed effective	ua data hut nat ay .	offication time at	12:01 a.m. oa tha c	online of the The Of	Nh dayadar tha
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	Signature of a mem	her or authorized r	presentative of a me	mher	
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ARNALDO FERNAN	DEZ				
	Тур	ed or printed name	of signee		

Filing Fee: \$25.00