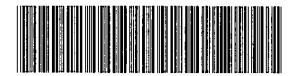
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(Requestor's Name)	
(Address)	
(Address)	_
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
,	
Certified Copies Certificates of Status	
Columbia copies	_
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Special Instructions to Filing Officer:	
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Office Use Only

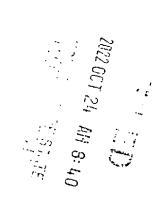


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10/24/22--01063--008 **30.00



A. BUTLER
JAN 2 0 2023



COVER LETTER

Division of Corporations
SUBJECT: Mallo Grach 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:
Cindy Cayllos Name of Person
Mello Green UC Firm/Company
1125 Parkside Cic N Address
Bocg Ralan, FL 33486 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Cindy Cavallos at (S6) 990 - 9170 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mallo Green LL	.C 2022	007 24 Att 8: 40
(Name of the Limited Liability Compar (A Florida Limited L	Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 11-22-202	and assigned
Florida document number <u>L210055007</u> 23		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
Mangoose CBD Co. The new name must be distinguishable and contain the words "Limited Liabil	LLC	
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1125 Parkside Ci	(N
Principal office address MUST BE A STREET ADDRESS)	Bucg Ration, FL	33486
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:	address on our records, enter the na	me of the new registered
agent and/of the new registered office address nere.		
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

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
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			☐ Change
			□Add
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			□Remove
			□Change
			□Add
			□Remove
			□(h

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	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	·
	
(If an e <u>Note</u>	tive date, if other than the date of filing:
f the re	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	Signature of a member or authorized representative of a member Typed or printed name of signee
	Signature of a member or authorized representative of a member
	Cindu Ceralles

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