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2022 AUG 12 PM 1:47 SECRETARY OF STATE

TO: Registration Section **Division of Corporations**

Mango Palm Properties LLC

SUBJECT:	<u> </u>			
	Name of Limi	ited Liability Company		2 AUG CRET
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		022 AUG 12 PM 1:47 ECRETARY OF STATE TALLAHASSEE, FL
Please return all correspo	ondence concerning this matter	to the following:		E STATE
	Carol Nembhard			;rg ~
		Name of Person		-
	Mango Palm Properties LL	.C		
		Firm/Company		-
	2115 Hamilton Avenue			
		Address		-
	Alva, FL 33920			
		City/State and Zip Code	<u> </u>	-
	borncn1965@gmail.com			
	E-mail address: (to be used for future annual report notif	ication)	
For further information o	concerning this matter, please ca	all:		
Carol Nembhard		717 916-6933		_
Name o	of Person	Area Code Daytime	: Telephone Numbe	r
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &

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

DocuSign Envelope ID: 5027E574-BA93-4968-80F0-F37BC545405E

Mango Palm Properties LLC

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

it now appears on our records.) ity Company)
e filed on June 22, 2022 and assigned
company here:
ompany," the designation "LLC" or the abbreviation "L.L.C."
ALLEANY IN THE PROPERTY OF THE
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ress on our records, <u>enter the name of the new registere</u>
e. e. e. d
Enter Florida street address
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.

DocuSign Envelope ID: 5027E574-BA93-4968-80F0-F37BC545405E trainenuing 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>	Type of Action
	Joy Stewart	2115 Hamilton Ave, Alva, FL 33920	
			■Remove
			□ Change
			□Add
			□Remove
			□Change
			027 NG I
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ffective date, if other than the date in effective date is listed, the date in lote: If the date inserted in this ocument's effective date on the	block does not meet the a	pplicable statutory	or more than 90 days after filing requirements, this	nal) filing.) Pursu date will n	ant to 605.(ot be listed	02 d
record specifies a delayed effect d is filed.	live date, but not an effect	ive time, at 12:01 a	n.m. on the earlier of: (b)	The 90th	day after	the
July I ated	2022					
DocuSigned by:	·	 •		/n = /n n n n		
SOME?			7	/25/2022		