

L22000412818

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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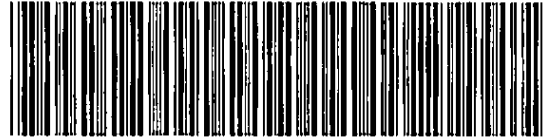
(Business Entity Name)

(Document Number)

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2022 SEP 30 PM 3:05
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Mandrino Enterprises 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:

RH Hunnings

Name of Person

RH Hunnings CPA

Firm/Company

P O Box 600255

Address

St Johns FL 32260

City/State and Zip Code

rh@rhhunningsepa.com

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

For further information concerning this matter, please call:

RH Hunnings CPA

904

349-2065

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Mandrino Enterprises 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 Company were filed on 09/21/2022 and assigned
Florida document number L22000412818.

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 designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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2022 SEP 30 PM 3:05
SECRETARY OF STATE
TALLAHASSEE, FL

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:

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

[illegible]

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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)

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.

Signature of a member or authorized representative of a member

Typed or printed name of signee

R.H. HUNNINGS
Certified Public Accountant
rh@rhhunningscpa.com
P O Box 600255
St Johns FL 32260
904 349 2065

September 24, 2022

Registration Section
Division of Corporations
P O Box 6327
Tallahassee FL 32314

Re: LLC Member Name Spelling Correction

Dear Div. of Corporations;

Please refer to Article IV:

When I prepared the Articles of Organization for Mandrino Enterprises LLL, (see attached), I misspelled the name of AMBR - Salene Mandrino.

The correct spelling is **Sylene** Mandrino.

I have attached the Articles of Amendment and a Money Order for \$25.

If you need any additional information, please contact me directly.

Thank you.


RH Hunnings CPA

**Electronic Articles of Organization
For
Florida Limited Liability Company**

**L22000412818
FILED 8:00 AM
September 21, 2022
Sec. Of State
jafason**

Article I

The name of the Limited Liability Company is:

MANDRINO ENTERPRISES LLC

Article II

The street address of the principal office of the Limited Liability Company is:

1004 LARKSPUR LOOP
ST JOHNS, FL. UN 32259

The mailing address of the Limited Liability Company is:

P O BOX 600255
ST JOHNS, FL. 32260

Article III

The name and Florida street address of the registered agent is:

ALEXANDRIA E LAWLOR
1004 LARKSPUR LOOP
ST JOHNS, FL. 32259

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: ALEXANDRIA LAWLOR

Article IV

The name and address of person(s) authorized to manage LLC:

Title: MGR
MARK MANDRINO
1004 LARKSPUR LOOP
ST JOHNS, FL. 32259 UN

Title: AMBR
SALENE MANDRINO
1004 LARKSPUR LOOP
SAINT JOHNS, FL. 32259 UN

L22000412818
FILED 8:00 AM
September 21, 2022
Sec. Of State
jafason

Signature of member or an authorized representative

Electronic Signature: ALEXANDRIA LAWLOR

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.