

L24 000 324 838

Office Use Only



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08/22/24--01014--005 **25.00

COVER LETTER

го:	Registration Sec Division of Corp			
SUBJE	CT: 3702 Latitud	e on the River LLC	ted Liability Company	
The enc	losed Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please r	eturn all correspon	dence concerning this matter t	to the following:	
		Isabel Bohtlingk		
			Name of Person	 -
		MANGOW	X UC Firm/Company	·
		3024	EMATHLA ST	<u> </u>
		MiAmi	<u>.</u>	133
			City/State and Zip Code	
		E-mail address: (1	o be used for future annual report notifi	cation)
For furt	her information co	ncerning this matter, please ca	II:	
Isa		tingk	at (<u>786_)</u> 334	0970
	Name of	Person V	Area Code Daytime	Telephone Number
Enclose	ed is a check for the	following amount:		
■ \$25	5.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 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

3702 Latitude on the River 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 7/16/2024 _____ and assigned Florida document number <u>L24000324838</u> 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 "LLC." 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) 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

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.

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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
MGR	MANGOLUX LLC	3024 Emathla st	
		Miami, FL 33133	
			□Change
MGR	ISABEL BOHTLINGK	3024 EMATHLA ST	□ Add
		Miami, FL 33133	=Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Remove
			□Change

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octivo	date, if other than the date of filing: (optional)
n effect	ive 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 605.020
	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a t's effective date on the Department of State's records.
ecord s is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the .
ted	Argust 11 2024 BBMMOM
	291A12A
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	Signature of a member of authorized representative of a member

Typed or printed name of signee