

L 24000437458

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

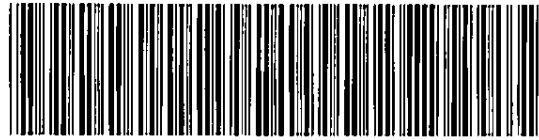
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE

DEC 30 2024

Office Use Only



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12/09/24--01001--023 **55.00

FILED
2024 DEC 27 PM 1:33
2024 DEC -9 AM 11:51
J. HORNE
DEC 30 2024

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MANGROVE CLAIMS MANAGEMENT, 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:

Kelsey Carlton

Name of Person

Meenan, P.A.

Firm/Company

P.O. Box 11247

Address

Tallahassee, FL 32302

City/State and Zip Code

meredith@meenanlawfirm.com

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

For further information concerning this matter, please call:

Kelsey Carlton

850 425-4000
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



December 26, 2024

Via Hand-Delivery

Florida Department of State
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**Re: Mangrove Claims Management, LLC
Articles of Amendment**

Dear sir or madam,

Enclosed, please find *revised* Articles of Amendment on behalf of Mangrove Claims Management, LLC. There has been no change to the registered agent, the registered agent change reflected on the original filing was an error.

Should you have any questions or require anything additional, please do not hesitate to contact our office. Thank you in advance for your time and consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "M. Lanford", with a long horizontal flourish extending to the right.

Meredith A. Lanford, RP, FRP
Paralegal to the Firm
meredith@meenanlawfirm.com

/mal
Enclosures





FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 10, 2024

KELSEY CARLTON
PO BOX 11247
TALLAHASSEE, FL 32302 US

SUBJECT: MANGROVE CLAIMS MANAGEMENT, LLC
Ref. Number: L24000437458

We have received your document and check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Jasmine N Horne
Regulatory Specialist II

Letter Number: 424A00026697

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2024 DEC 27 PM 1:33
ESTAD
199

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-----------------------|----------------------------------|--|
| P/S | Robert Ricker | 1309 THOMASVILLE ROAD, SUITE 300 | <input type="checkbox"/> Add |
| | | Tallahassee, FL 32308 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| CFO | Allan Burris Franklin | 6170 Central Ave, Unit 10 | <input checked="" type="checkbox"/> Add |
| | | St. Petersburg, FL 33707 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| DIR | David Allen Hart | 6170 Central Ave, Unit 10 | <input checked="" type="checkbox"/> Add |
| | | St. Petersburg, FL 33707 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

N/A

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated 12/5/2024

DocuSigned by:
[Signature]
5A6275C026A4471

Signature of a member or authorized representative of a member

Stephen Weinstein, CEO

Typed or printed name of signee

Filing Fee: \$25.00

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

FILED
2024 DEC 27 PM 1:33

MANGROVE CLAIMS MANAGEMENT, 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 10/15/2024 and assigned
Florida document number L24000437458.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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)

6170 Central Ave, Unit 10

St. Petersburg, FL 33707

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6170 Central Ave, Unit 10

St. Petersburg, FL 33707

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

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-----------------------|----------------------------------|--|
| P/S | Robert Ricker | 1309 THOMASVILLE ROAD, SUITE 300 | <input type="checkbox"/> Add |
| | | Tallahassee, FL 32308 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| CFO | Allan Burris Franklin | 6170 Central Ave. Unit 10 | <input checked="" type="checkbox"/> Add |
| | | St. Petersburg, FL 33707 | <input type="checkbox"/> Remove |
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| | | | <input type="checkbox"/> Change |

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

N/A

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated 12/5/2024

- DocuSigned by:

DocuSigned by:
[Signature]
6A82260028844E1

80026600045

Signature of a member or authorized representative of a member

Stephen Weinstein, CEO

Typed or printed name of signee

Filing Fee: \$25.00