

L24 000437476

\_\_\_\_\_  
(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



600440806816

12/09/24-01001--022 \*\*55.00

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2024 DEC 27 PM 4:06  
FBI  
2024 DEC -9 AM 11:51  
FBI



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 10, 2024

KELSEY CARLTON  
PO BOX 11247  
TALLAHASSEE, FL 32302 US

SUBJECT: MANGROVE MANAGING AGENCY, LLC  
Ref. Number: L24000437476

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: 124A00026700



December 9, 2024

***Via Hand-Delivery***

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

**Re: Mangrove Managing Agency, LLC  
Articles of Amendment**

Dear sir or madam,

Enclosed, please find Articles of Amendment on behalf of Mangrove Managing Agency, LLC, as well as a check in the amount of \$55.00.

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", written over a circular stamp or seal.

Meredith A. Lanford, RP, FRP  
Paralegal to the Firm  
[meredith@meenanlawfirm.com](mailto:meredith@meenanlawfirm.com)

/mal  
Enclosures



## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** MANGROVE MANAGING AGENCY, 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:

Meredith Langford, RP, FRP

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

FILED

2024 DEC 27 PM 4:07

our records.)

10/15/2024

**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
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change



FILED  
2024 DEC 27 PM 4:07

(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
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			<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

**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 of a member or authorized representative of a member

Stephen Weinstein, CEO

Typed or printed name of signee

**Filing Fee: \$25.00**