L24000437476

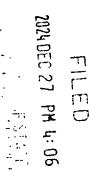
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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12/09/24--01001--022 **55.00



2024 OEC -9 AMTES



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.

Letter Number: 124A00026700

Jasmine N Horne Regulatory Specialist II

www.sunbiz.org



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

Meredith A. Lanford, RP, FRP

Paralegal to the Firm

meredith@meenanlawfirm.com

/mal

Enclosures



Docusign Envelope ID: 962GC302-6A8C-4618-A0D1-EBF0F0E4249F
COVER LETTER

Tallahassee, FL 32314

	Registration Se Division of Co				
SUBJEC	MANGRO	VE MANAGING AGENCY, L	LC		
SUBJEC	.1:	Name of Limit	ed Liability Company		
The encl	osed Articles of	Amendment and fee(s) are subn	nitted for filing.		
Please re	turn all correspo	ondence concerning this matter to	o the following:		
		Kelsey Carlton			
			Name of Person		
		Meenan, P.A.			
			Firm/Company		
		P.O. Box 11247			
Address					
		Tallahassee, Fl. 32302			
		meredith@meenanlawfirm.e	City/State and Zip Code om obe used for future annual report no	· (Paratina)	
For furth	er information c	concerning this matter, please cal	·	tirication)	
Meredith	ı Langford, RP,	FRP	850 425-4000		
	Name o	f Person	at () Area Code Daytii	ne Telephone Number	
Enclosed	is a check for t	he following amount:			
□ \$25.i	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 Addres		Street Address:		
	Registration ! Division of C		Registration Se Division of Co		
	P.O. Box 632	-	The Centre of		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FILED

MANGROVE MANAGING AGENCY, LLC

2024 DEC 27 PM 4: 07

(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 L24000437476 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." 6170 Central Ave, Unit 10 Enter new principal offices address, if applicable: St. Petersburg, FL 33707 (Principal office address MUST BE A STREET ADDRESS) 6170 Central Ave, Unit 10 Enter new mailing address, if applicable: St. Petersburg, FL 33707 (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 , Florida _ City

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: 9626C302-6A8C-4618-A0D1-EBF0F0E4249F 11 amending Authorized rerson(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
P/S	Robert Ricker	1309 THOMASVILLE ROAD, SUITE 300	🗀 Add
		Tallahassee, FL 32308	■Remove
			□Change
CFO	Allan Burris Franklin	6170 Central Ave, Unit 10	= Add
		St. Petersburg, FL 33707	🗆 Remove
			□Change
DIR	David Allen Hart	6170 Central Ave. Unit 10	= Add
		St. Petersburg, FL 33707	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			🗆 Change

_	N/A
	
Effec	tive date, if other than the date of filing:
Note:	flective 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). If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
e reco	rd 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 iled.
	12/5/2024
Datec	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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2024 DEC 27 PM 4: 07

MANGROVE MANAGING AGENCY, 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	y were filed on 10/15/2024	and assigned
Florida document number L24000437476		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
N/A		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	6170 Central Ave, Unit 10	
(Principal office address MUST BE A STREET ADDRESS)	St. Petersburg, FL 33707	
Enter new mailing address, if applicable:	6170 Central Ave. Unit 10	
(Mailing address MAY BE A POST OFFICE BOX)	St. Petersburg, FL 33707	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter t	he name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	

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: 962CC302-6A3C-4618-A0D1-EBF0F0E4249F in amending Authorized rerson(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
P/S	Robert Ricker	1309 THOMASVILLE ROAD, SUITE 300	□Add
		Tallahassee, FL 32308	■Remove
			Change
CFO	Allan Burris Franklin	6170 Central Ave, Unit 10	≅ Add
		St. Petersburg, FL 33707	□Remove
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DIR	David Allen Hart	6170 Central Ave, Unit 10	= Add
		St. Petersburg, FL 33707	□Remove
			□Change
			□ Add
			□ Remove
			□ Change
			□ Add
			□Remove
		 <u>-</u>	□Change
			□Add
			□ Remove
			□Change

	N/A
Note	tive date, if other than the date of filing:
iocui	ment's effective date on the Department of State's records.
reco	ord 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 filed.
	12/5/2024
Dated	DocuSigned by:
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00