

5/6/2021

Division of Corporations

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : DIVERSIFIED CORPORATE SERVICES INT'L, INC.
Account Number : I20090000024
Phone : (518)229-8228
Fax Number : (302)371-9850

**Enter the email address for this business entity to be used for future
annual report mailings. Enter only one email address please.**

Email Address: Jerry@diversifiedcorp.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
COCOMANGO, LLC

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MAY - 7 2021

M. SOLOMON

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Corporate Filing Menu

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**STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is: CocoMango, LLC

SECOND: The Florida Document number of the limited liability company is: M21000005338

THIRD: Document to be corrected is: _____

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:
PARAGRAPH 5 & 6 OF THE APPLICATION RELATING TO THE PRINCIPAL ADDRESS AND MAILING ADDRESS WERE INCORRECTLY STATED AND CORRECTED TO READ: 18560 NORTH BAY ROAD, SUNNY ISLES BEACH, FLORIDA 33160 US. PARAGRAPH 7 RELATING TO THE NAME AND ADDRESS OF THE REGISTERED AGENT WAS INCORRECTLY STATED AND IS CORRECTED TO: DIVERSIFIED CORPORATE SERVICES INT'L, INC. 18560 NORTH BAY ROAD, SUNNY ISLES BEACH, FLORIDA 33160.
IN PARAGRAPH 8 THE ADDRESSES OF BOTH MEMBERS/AUTHORIZED PERSONS WAS INCORRECTLY STATED AND CORRECTED TO: 18560 NORTH BAY ROAD, SUNNY ISLES BEACH, FLORIDA 33160.

/s/ SONIA ZELEDON

Signature of Authorized Representative

MAY 06, 2021

Date

Signature of new registered agent, if applicable :(NOTE: If correcting the registered agent, the new registered agent must sign accepting the designation).

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.

DIVERSIFIED CORPORATE SERVICES INT'L, INC.

BY: /s/ JERRY JOSEPH, PRESIDENT

Registered Agent's Signature

Filing Fee
Certified Copy:

\$35.00
\$30.00 (optional)

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2021 MAY -6 AM 11:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA