## P120000 58161

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PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	RATION: MANDANGO, IN	C.	
DOCUMENT NUMI	D12000058161		
	of Amendment and fee are sub	omitted for filing.	
	spondence concerning this mat		
	AMANDA POST		
		Name of Contact Person	
	MANDANGO, INC.		
		Firm/ Company	
	13516 VERDE COURT		
		Address	
	CLERMONT, FL 34711		
		City/ State and Zip Code	:
	mandyorlando@hotmail.com E-mail address: (to be us	ed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
AMANDA POST		at (818	
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 lahassee, FL 32314	Amend Division The C 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

## Articles of Amendment to Articles of Incorporation of

MANDANGO, INC.	2020 U.S 2 - Pit 12: 51
(Name of Corporat	ion as currently filed with the Florida Dept. of State) -2 Fil [2: 5]
P12000058161	
(Docu	ment Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	la Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the c	corporation:
MANDY POST INC	The new
	corporation," "company," or "incorporated" or the abbreviation "Corp.," " or "Co". A professional corporation name must contain the word reviation "P.A."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD	DRESS )
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Bo	<u>OX</u> )
D. If amending the registered agent and/or registered new registered agent and/or the new registered	ered office address in Florida, enter the name of the doffice address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	(City) , Florida (Zip Code)
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.	egistered Agent:  I am familiar with and accept the obligations of the position.
Siv	nature of New Registered Agent, if changing
Sig	

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chie Executive Officer: CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Mike Johes, 1 as hemove			
Example: X Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove Change			
·			
Add			
Remove			
4) Change	<del></del>		
Add			
Remove			
5) Change	<del></del>		
Add			
Remove			
6) Change			
Add			
Remove			

(Attach addition	or adding additional Articonal sheets, if necessary).	(Be specific)	_		
(Attach dadam	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
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			<del></del>		
F. <u>If an amend</u>	ment provides for an exch	iange, reclassifi	cation, or cance	lation of issued	<u>shares,</u> c.
provisions	or implementing the ame	ndment if not c	ontained in the	amendment itsei	<u>L•</u>
(if not a	pplicable, indicate N/A)				
			<u> </u>		

	, if other than th
The date of each amendment date this document was signed	
	02/23/2020 02/36/2020  (no more than 90 days after amendment file date)
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Note: If the date inserted in document's effective date on t	this block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/we action was not required.	re adopted by the incorporators, or board of directors without shareholder action and shareholder
■ The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes east for the amendment(s) ere sufficient for approval.
☐ The amendment(s) was/we must be separately provide	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):
"The number of vote	s cast for the amendment(s) was/were sufficient for approval
by	(voting group)
Dated Signature	By a director, president or other officer – if directors or officers have not been
S	elected, by an incorporator – if in the hands of a receiver, trustee, or other court ppointed fiduciary by that fiduciary)
	AMANDA POST
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)