

5/6/2021

Division of Corporations

M21000182701 5338

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a coversheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H21000182701 3)))



H210001827013ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 MAY -6 AM 11:59

FILED

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

RECEIVED
2021 MAY -6 PM 3:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$55.00

MAY -7 2021

M. SOLOMON

(((H21000182701 3)))

**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.

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

/s/ SONIA ZELEDON

MAY 06, 2021

Signature of Authorized Representative

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: \$35.00
Certified Copy: \$30.00 (optional)

(((H21000182701 3)))