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COVER LETTER

TO:	Registration Sect Division of Corp			
CIID II	ANGEL BAÍ	RBER LLC	•	٠
SUBJI	ECI:	Name of Lim	ited Liability Company	
The en	closed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please	return all correspond	dence concerning this matter	to the following:	
		ANGEL D RUIZ NASCO		iability Company d for filing. e following: Name of Person Firm/Company 9 Address by/State and Zip Code byM used for future annual report notification) at (
			Name of Person	
		ANGEL BARBER LLC		
			Firm/Company	
		18665 NW 37TH AVE AF	PT 269	
			Address	
		MIAMI GARDENS FL 33	8056	
		· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
		ANGELDRUIZ02@GMAI		 -
		E-mail address: (to be used for future annual report not	ification)
For fur	ther information cor	ncerning this matter, please ca	ali;	
ANGE	L D RUIZ NASCO			
	Name of I	Person	Area Code Daytin	ne Telephone Number
Enclos	ed is a check for the	following amount:		
■ \$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status		Certificate of Status & Certified Copy

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

ANGEL BARBER LLC

company has been notified in writing of this change.

ER LLC
(Name of the Limited Liability Company as it now appears on our records.)

	(A Florida Limited I	Liability Company)	TALLAHASSEE. FL	
The Articles of Organization for this Limited I	iability Company	were filed on	and assigned	
lorida document number L22000077095	·			
his amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liab	ility company here:		
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if appli	cable:			
Principal office address MUST BE A STREE	ET ADDRESS)	18665 NW 37TH AVE A	PT 269	
		MIAMI GARDENS FL 33056		
		19665 NW 27TU AVE A	DT 260	
Enter new mailing address, if applicable:		18665 NW 37TH AVE APT 269		
Mailing address MAY BE A POST OFFICE	C BOX)	MIAMI GARDENS FL 3	3036	
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our records, <u>e</u>	nter the name of the new registe	
Name of New Registered Agent:			<u> </u>	
New Registered Office Address:	18665 NW 37T	TH AVE APT 269		
	<u> </u>	Enter Florida street a	address	
	MIAMI GARD	DENS	, Florida ³³⁰⁵⁶	
	City		Zip Code	
New Registered Agent's Signature, if changing	Registered Agent:			
I hereby accept the appointment as register provisions of all statutes relative to the pro				
provisions of all statutes retaitive to the prof accept the obligations of my position as reg				

being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

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>	Address	Type of Action
			□Add
			□Remove
			
			□Remove
			□Change
			□Add
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reffective date is list	her than the date of ed, the date must be spec	ific and cannot be prior	to date of filing or mo	(option to than 90 days after f	iling.) Pursuant	to 605,020
te: If the date inse	erted in this block does date on the Departme	s not meet the applic	able statutory filing	requirements, this	date will not	be listed as
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cord specifies a de s filed.	layed effective date, b	out not an effective ti	ime, at 12:01 a.m. o	n the earlier of: (b)	The 90th da	y after the
		2022				
01 JUNE			 •			
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