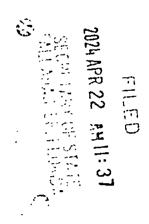
## E29001953

(	Requestor's Name)
	Address)
	Address)
	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	Business Entity Name)
(	Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:

Office Use Only



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## **COVER LETTER**

Registration Section

TO:

¥,

Div	ision of Cor	porations	•		\$ 4
SUBJEĆŤ:	NOTARY S	SERVICES BY ANGELITE L	LC	Ş	
SUBJECT		Name of Lim	ited Liability Company		
The enclosed	l Articles of .	Amendment and fee(s) are sub	mitted for filing.		
		ndence concerning this matter			
		Cleon Edwards			
			Name of Person		_
			Firm/Company		_
		11163 Oak Ridge Dr. S		<del></del>	_
		Jacksonville, Fl. 32225	Address		
		caedwards l@hotmail.com	City/State and Zip Code		_
		E-mail address: (	to be used for future annual report not	ification)	
For further i	nformation co	oncerning this matter, please co	all:		
Cleon Edwa	rds		904 508-7373 at ()		
	Name of	Person		ne Telephone Numbe	·r
Enclosed is:	a check for th	ne following amount:			
□ \$25.00 l	Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Status &
	iling Addres gistration S		<u>Street Address:</u> Registration Se	ection	
Di	vision of C	orporations	Division of Co	rporations	
	). Box 632 Hahassee, I		The Centre of	Tallahassee oc Street, Suite (	81 <i>0</i>
13	nanassee, I	L 04314	2410 N. MORE	se succt, suite	31V

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

as it now appears on our records.) bility Company)	
ere filed on <u>08/30/2023</u>	and assigned
ty company here:	
Company," the designation "LLC" or	the abbreviation "L.L.C."
	2024 APR 22 AMII:
dress on our records, <u>enter the</u>	name of the new regist
Enter Florida street address	
	_
, Floric	<b>ia</b> Zip Code
	, Floric

## 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 t 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being addor removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
		<del></del>	
			□Add
			□Remove
			□Change
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			□Change
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			□ Change
			□Remove
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			[] Change

<del></del>					
					<del></del>
					<del></del>
<del></del> -					
		= "			
If an effective date in Note: If the date	if other than the date of is listed, the date must be specific inserted in this block does tive date on the Department.	citic and cannot be p es not meet the app	olicable statutory filii	(option nore than 90 days after fi ng requirements, this d	ing.) Pursuant to 605.0207 (
e record specifies rd is filed.	s a delayed effective date. I	but not an effectiv	e time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
Dated	4/14		24		
	( len c	2 dware	2		
	Signatu	re of a member or a	uthorized representativ	e of a member	