## L21000310337

(F	Requestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

TO:	Registration Se Division of Cor			
SUBJEC	Angel Amo	our LLC		
SUBJEX	<u>-</u>	Name of Lin	nited Liability Company	
		Amendment and fee(s) are sub		
Trease re	un correspo	Taylor Egusquiza	to the following.	
		<del></del>	Name of Person	
		Angel Amour LLC		
			Firm/Company	<del></del>
		4429 HOLLYWOOD BE	VD #813479	
		<del>-</del>	Address	<del>-</del>
		HOLLYWOOD, FL 3302	I	
		Tayegusquiza@gmail.com	City/State and Zip Code	
For furth	er information c	E-mail address: ( oncerning this matter, please c	to be used for future annual report notif all:	ication)
Taylor E	gsusquiza		317 6255844 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	ne following amount:		
<b>■</b> \$25,0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
;	Mailing Address	s:	Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

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

Angel Amour LLC		
( <u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our records.) mited Liability Company)	<del></del> -
The Articles of Organization for this Limited Liability Com	pany were filed on 9/30/2021	and assigned
Florida document number 1.21000310337		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES.		<del></del>
		<del></del>
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
If amending the registered agent and/or registered off gent and/or the new registered office address here:	ice address on our records, enter the nan	ie of the new registe
generalization the new registered office address nere:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	्
	, Florida	<b>1</b>
	Cuv	Zur Code

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.

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
AMBR	Taylor Egusquiza	4429 HOLLYWOOD BEVD #813479	<b>≣</b> Add
		HOLLYWOOD, FL 33021	_
			□Change
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Filing Fee: \$25.00