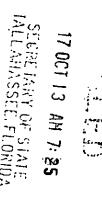
L04000025949

(Re	questor's Name)
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PICK-UP	WAIT MAIL
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Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	Office Use Only



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OCT 1 6 2017

J SHIVERS

COVER LETTER

TO: Registration S Division of Co			
Angela La	and, LLC		
<u></u>	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Michael J. Heath		
		Name of Person	•
	Law Offices of Michael J.	Heath, PA	
	,	Firm/Company	
	167 108th Avenue		
		Address	
	Treasure Island, FL 33706		
		City/State and Zip Code	 .
	david@davincimachining.co		
	E-mail address: (to be used for future annual report notif	ication)
For further information	concerning this matter, please ca	all:	
Michael Heath		727 360-2771 at ()	
Name	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		
S25.00 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: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Angela Land, LLC			
(Name of the Limited Liabil (A Florid	ity Company as it now appears a Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability (Florida document number L04000025949	Company were filed on 04/0	06/2004	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	uited liability company her	re:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the de	signation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	<u> </u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on ress here:	our records, enter	the name of the ne
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·	SE SE
New Registered Office Address:			
	Enter Florid	da strect address Florida	SIAH ORIO
	City	, 1101108	Zip 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 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
MGRM	Walter Padovan	5901 Sun Blvd. Ste 202	CJ Add
		St. Petersburg, FL 33715	■ Remove
			[] Change
MGRM	David Padovan	5901 Sun Blvd. Ste 202	D Add
		St. Petersburg, FL 33715	
			[] Change
MGR	David Padovan	5901 Sun Blvd. Ste. 202	Fi Add
		St. Petersburg, FL 33715	Remove
			□ Change
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			□ Remove
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			□ Remove
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			Change

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Filing Fee: \$25.00