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COVER LETTER

TO: Registration Section Division of Corpo		
SUBJECT:	Manuela Angulo PL (Name of Limited Liability Company)	
The enclosed Articles of An	nendment and fee(s) are submitted for filing.	
Please return all correspond	ence concerning this matter to the following:	
	Manuela Angulo (Name of Person)	
	(Firm/Company)	05
	13256 Sobrado dr	D8 MAY 19 PM 12: 58 SECRETISSEE FLORIDA
	Orlando FL 32837	PH 12
	(City/State and Zip Code)	STATE OF THE PERSON OF THE PER
For further information cond	cerning this matter, please call:	2
Hanvela (Name of P	Person) at (407) 4680694 (Area Code & Daytime Telephone Number)	
Enclosed is a check for the f	following amount:	
□ \$25.00 Filing Fee	Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Co (additional copy is enclosed) Certified Co (additional copy is enclosed)	f Status &

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

Hanvela Ar	naulo P.L.	
(Name of the Limited Liability Company (A Florida Limited Liability Company)	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v Florida document number <u>207000552</u> 42		_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
Manuela A	ngulo, LLC.	
The new name must be distinguishable and end with the words "Limite "L.L.C."	d Liability Company," the designation "LL	C" or the abbigation
Enter new principal offices address, if applicable:		星形 一
(Principal office address MUST BE A STREET ADDRESS)		PH 12: 5
Enter new mailing address, if applicable:	•	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:		e name of the new
Name of New Registered Agent:		
New Registered Office Address:	(Enter Florida street addr	ess)
	, Florida	
	(City)	(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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Ma MGRM = N	nager Nanaging Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add Remove
	· · · · · · · · · · · · · · · · · · ·		Add Remove
	 		Add Remove
			Add Removes
			RESCORTIANT PAN 12: 58 Add PAN 19 PM 12: 58
			Add Ord Remove
D. If amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	
			
_			
Dated	<u>5/15/08</u> , 20	008. Huystl	
		anuela Angulo	
	Турес	d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00