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COVER LETTER

Division of Corporations Vanessa's Angels LLC **BJECT:** Name of Limited Liability Company e enclosed Articles of Amendment and fee(s) are submitted for filing. ase return all correspondence concerning this matter to the following: ondina romero Name of Person Firm/Company 430 verbena et Address orlando fl 32807 City/State and Zip Code ondinaromero213@gmail.com E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call: 407 6920168 idinaromero213@gmail.com Name of Person Daytime Telephone Number iclosed is a check for the following amount: □ \$60.00 Filing Fee, ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: Registration Section **Registration Section** Division of Corporations Division of Corporations

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

Registration Section

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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

(Name of the Limi	ted Liability Compa (A Florida Limited I	iny as it now appears on o Liability Company)	ur records.)			
e Articles of Organization for this Limited Lorida document number Lo8000004230	iability Company	were filed on $\frac{01/14/20}{}$	008	aı	nd assig	;ned
is amendment is submitted to amend the foll	lowing:					
If amending name, enter the new name o	of the limited liab	ility company here:				
neess'a Angels LLC						
new name must be distinguishable and contain the v	words "Limited Liabil	lity Company," the designa	tion "LLC" or the	abbreviati	on "L.L.	.C."
ter new principal offices address, if applic	cable:	430 verbena et orland	o fl 32807			
rincipal office address MUST BE A STREE	ET ADDRESS)			SECTION	2020 SEP -	
ter new mailing address, if applicable:				5	-2	
ailing address MAY BE A POST OFFICE	BOX)				PH 7: 1,8	
If amending the registered agent and/or the new registered office addre	.,	address on our record	ls, <u>enter the n</u>	•	ie new	registerec
Name of New Registered Agent:	Ondina romero	-				
New Registered Office Address:	430 verbena ct					
		Enter Florida str	reet address			
	orlando		, Florida	32807		
		Ciţy		Zip	Code	

w Registered Agent's Signature, if changing Registered Agent:

Ondina Romero

vereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the vovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and veept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ving filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability ompany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

mending Authorized Person(s) authorized to manage, enter the tifle, name, and address of each person being added emoved from our records:

iR = Manager

IBR = Authorized Member

<u>le</u>	Name	Address	Type of Action
iR ——	ondina romero	430 verbena ct orlando fl 32807	≅Add
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ctive date, if other than t effective date is listed, the date i e: If the date inserted in this iment's effective date on the	block does not me	et the applicab	date of filing or le statutory fil	more than 90 da ing requiremer	(optional) ys after filing.) Purs its, this date will	uant to 60	— 05.0207 (sted as t
ord specifies a delayed effectiled.	tive date, but not a	n effective tim	e, at 12:01 a.n	n. on the earlie	of: (b) The 90t	h day afi	ter the
ed 8/31			· ·				
	Ontaile Signature of a mo	mber or authori	(220) zed representati	ve of a member			