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OCT 1 8 2027 S. PRATHE!

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: ANGEL PROPERTY MANAGEMENT & REAL ESTATE, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
JILLIAN CHISHOLM Name of Person
ANGEL PROPERTY MANAGEMENT & REAL ESTATI
5620 NW 55 LANE
TAMARAC FL 33319 City/State and Zip Code JILLIAN CHISHOLM L. GMAIL. COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
VILLIAN CHISHOLM at (954) 937-3366 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: (ALREADY SUBMITTED \$35. CHECK) S25.00 Filing Fee S30.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



October 1, 2022

ANGEL PROPERTY MANAGEMENT & REAL ESTATE, LLC 5620 NW 55TH LANE TAMARAC, FL 33319

SUBJECT: AMPRE, LLC Ref. Number: W22000124651

We have received your document for AMPRE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Stacy Prather Regulatory Specialist III

> RECEIVED OCT 1 4 2022

Letter Number: 822A00021931

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Σ.

ANGEL PROPERTY MANAGEME (Name of the Limited Liability Comp (A Florida Limited	NT REAL ESTATE, L lanv as it now appears on our records.) Liability Company)	7027 OCT
The Articles of Organization for this Limited Liability Compan Florida document number <u>L 0900092117</u> .	y were filed on <u>09/23/2009</u>	and assigned
This amendment is submitted to amend the following:		<u> 2</u>
A. If amending name, enter the new name of the limited lia	bility company here:	
APMRE, LLC The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	5620 NW 55 TH TAMBRAC, FL 333	LANE 519
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5020 NW 5571 TAMARAC, FL 33	LANE 319
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name	e of the new registered
Name of New Registered Agent: New Registered Office Address: 5020	NW 55TH LANE	
TAMP	Enter Florida street address Florida City	35319 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 tiled 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>	Name	<u>Address</u>	Type of Action
			bbA□
		□Remove	
			Change
		bbA□	
		Change	
		□Add	
			□Remove
			Change
		□Add	
		Remove	
			□Change
		□Remove	
		☐Change	
		□Add	
		Remove	
		□ Channa	

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: _ (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.