## L11000127253

(Re	questor's Name)	
(Ad	dress)	
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SECRE FARY OF STATE
DIVISION OF CORPORATION

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## **COVER LETTER**

Division of Corpo			
SUBJECT: ANG	SELA PAYME Name of Limit	OND LLC  led Liability Company	
	nendment and fee(s) are subr		
Please return all correspond	ence concerning this matter t	o the following:	
	STEVEN	CARUSO Name of Person	
		RAYMOND LLC Firm/Company	
	<u>486</u> N	HARBUR CITY Address	BL
	MELBO	URNE FL 3. City/State and Zip Code	1935
		SO CMSN.CON	
For further information con-	cerning this matter, please ca	11:	
STEVEN Name of P	CARUSO erson	at ( <u>321)</u> 259 Area Code Daytime	7704 Telephone Number
Enclosed is a check for the	following amount:		
\$25.00 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:

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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 RAYMON (Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company of Florida document number 4 (1000) 27253.	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liabilia	
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	486 N HARBOR CITY BL STE A MELBOURNE FC 32935
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	486 N. HARBOR CITY BL STE A MELBOURNE FL 32935
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Registered Agent:	თ же 
New Registered Office Address:	Enter Florida street address  City  Zip Code  Zip Code
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## 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:

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<u>Title</u>	<u>Name</u>	Address	Type of Action
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Signature of a member or authorized representative of a member		<u>lews)</u>	member or aut	ulla	ntative of a mem	her	
STEVEW CARUSO Typed or printed name of signed	,	_					

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Filing Fee: \$25.00