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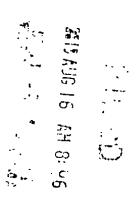
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COVER LETTER

Division of Corporations ANGELES KARATE LLC SUBJECT: ___ 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: AMOR C ANGELES Name of Person ANGELES KARATE LLC Firm/Company 15817 CRYING WIND DR Address TAMPA FL 33624 City/State and Zip Code ACCOUNTANT9903@LIVE.COM E-mail address; (to be used for future annual report notification) For further information concerning this matter, please call: BETHANY SCHEIRER Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, □ \$25.00 Filing Fee Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) radditional copy is enclosed) MAILING ADDRESS: STREET/COURIER ADDRESS:

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

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ANGELES KARATE LLC				
(Name of the Limited Liability Company as it now appe (A Florida Limited Liability Company)	ars on our records.)			
The Articles of Organization for this Limited Liability Company were filed on	MARCH 12, 2013	ar	nd assig	ned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability company l	<u>ierę</u> :			
The new name must be distinguishable and contain the words "Limited Liability Company," the Enter new principal offices address, if applicable:	designation "LLC" or the a	bbreviatí		<u></u>
(Principal office address MUST BE A STREET ADDRESS)				
·		تد*`	<u> </u>	<u> </u>
Enter new mailing address, if applicable:		4	5	
(Mailing address MAY BE A POST OFFICE BOX)		74 ,-	<u>ဂ</u> င ထဲ:	
B. If amending the registered agent and/or registered office address of registered agent and/or the new registered office address here:	on our records, <u>enter</u>	the n	i <u>ame o</u>	f the n
Name of New Registered Agent:				
New Registered Office Address:				
Enter Flo	vida street address			
	, Florida			

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.

Citv

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person—being addeor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	VILMA A ANGELES		
		15817 CRYING WIND DRIVE TAMPA FL 33624	■ Remove
			Change
AR	HOLY WATERS INTERNATIONAL INC	13950 EUGANO CT HUDSON FL 34669	■ Add
			☐ Remove
			Change
			Add
			☐ Remove
			☐ Change
			☐ Remove
			
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	ng any other information, c				
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Note: If th	late, if other than the date e date is listed, the date must be sp e date inserted in this block do s effective date on the Departn	es not meet the applic	rable statutory filing r	(optional) than 90 days after filing.) Preequirements, this date wil	isuant to 605 0207 (I not be listed as t
	specifies a delayed effe th day after the record is		ot an effective tim	ne, at 12:01 a.m. on	the earlier of:
Dated	AUGUST 7TH	2019			
	\mathcal{M}		·		
-	Signal	ure of a member or auth	orized representative of	a member	
		,	•		
-	AMOR	C ANGELES Typed or print	ed name of signee		

Page 3 of 3

Filing Fee: \$25.00