## 14000197033

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2018 NOV -7 PM 1:52 SECRETARY OF STATE

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## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: G. Angel Holdings, LLC	
SUBJECT: (Name of Limit	ted Liability Company)
The enclosed member, resignation or dissocia	ation and fee(s) are submitted for filing.
Please return all correspondence concerning t	his matter to:
Thomas J. Bellante	
(Contact Person)	
Garyn Angel Enterprises	
(Firm/Company)	
5471 Richey Dr.	
(Address)	
Port Richey, FL 34668	
(City/State and Zip Code)	
For further information concerning this matt	er, please call:
Thomas J. Bellante	at ( ) 545-7453 (Area Code & Daytime Telephone Number)
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable   \$\begin{align*}	to the Florida Department of State for:  \$\Boxed{\Pi} \\$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

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## **COVER LETTER**

TO:	Registration Servision of Con			
CHD IE		Ioldings, LLC		
SUBJEC	UI	Name of Lin	nited Liability Company	
		Amendment and fee(s) are sub	-	
- 11-50	· · · · · · · · · · · · · · · · · · ·	Thomas J. Bellante		
			Name of Person	
		G. Angel Holdings, LLC		
			Firm/Company	
		5741 Richey Dr.		
		-	Address	<del></del>
		Port Richey, FL 34668		
		tbeilante@magicalbutter.co	City/State and Zip Code	
		0 0	to be used for future annual report notifi	cation)
For furth	er information c	oncerning this matter, please c	all:	
Steve Gr	riffin		727 776-5158 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	ne following amount:		
<b>■ \$25</b> .0	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:

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 Tailahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

2018 NOV -7 PM 1:52

G. Angel Holdings, LLC

SUCHERAN OF STATE TALLAHASSEE FL

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 12/31/2014 and assigned Florida document number L14000197033 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Thomas J. Bellante Name of New Registered Agent: 5741 Richey Dr. New Registered Office Address: Enter Florida street address , Florida <sup>34668</sup> Zip Code Port Richey

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.

City

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>	<u>Name</u>	Address	Type of Action
	William R. VanHook Jr.	5741 Richey Dr.	
		Port Richey, Fl. 34668	■ Remove
			☐ Change
AMBR	Thomas J. Bellante	5741 Richey Dr.	
		Port Richey, FL 34668	☐ Remove
			_
			□ Remove
		<del></del>	☐ Change
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an effective date is listed, the date is lote: If the date inserted in this ocument's effective date on the	nust be specific and cannot be pri block does not meet the appl	or to date of filing or more icable statutory filing re	than 90 days after filing.) Pursuant	t to 605.0207 (3 be listed as th
e record specifies a delay The 90th day after the r		not an effective tim	e, at 12:01 a.m. on the	earller of:
ated November 5th	2018	·		
		<del>_</del>		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00