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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

Division of Cor	porations				
Angel Brotl	hers LLC	· .		• ,	
SUBJECT:	Name of Limited Liability Comp	pany		\$1.54 T. S.A.	
The enclosed Articles of	Amendment and fee(s) are submitted for filing.		sa 5	,	e 30
Please return all correspo	endence concerning this matter to the following:				
	Leonardo Angel	•			
	Name of Per	rson	,	· · · · ·	-
	Angel Brothers LLC				
	Firm/Comp	any	·		-
	1801 North Flagler Drive, Apt 626				
	Address		·		<u>-</u>
	West Palm Beach, FL 33407				
	City/State and Z	ip Code			-
	lemiangel@yahoo.com				
	E-mail address: (to be used for futur	e annual report n	otification)	
For further information c	oncerning this matter, please call:				
Leonardo Angel	786 at (2 69-7925			
Name o	f Person Area Co	ode Dayı	ime Telepl	hone Number	r
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Fili Certificate of Status		C	Certified	ite of Status &

MAILING ADDRESS:

Registration Section

TO:

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

Angel Broiners LLC		
(<u>Name of the Limited Lia</u> (A Flo	ability Company as it now appears on our records orida Limited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liabilit	ry Company were filed on 4/21/2016	and assigned
his amendment is submitted to amend the following	3:	
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:	<u> </u>	
Principal office address MUST BE A STREET AL	ODRESS)	
		
Enter new mailing address, if applicable:		·
Mailing address MAY BE A POST OFFICE BOX)	
		<u> </u>
3. If amending the registered agent and/or registered agent and/or the new registered office a		
		2: 12 2: 12
Name of New Registered Agent:		· ·
New Registered Office Address:		
	Enter Florida street addres.	s
_	, Flo	orida
	City	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 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, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Leonardo Angel	1801 N. Flagler Dr. #626, West Pal	■ Add
			□ Remove
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ote: If the date inserted in this block does not meet the applicable statutory filing			
ecument's effective date on the Department of State's records.			
record specifies a delayed effective date, but not an effective ti The 90th day after the record is filed.	ime, at 12:01 a.m.	on t	he earlie
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ated April 15, 2016.	00/		
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00