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(Re	equestor's Name)	·-··
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SECULATION SERVICES

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# **COVER LETTER**

Tallahassee, FL 32314

TO: Registration Se Division of Cor			
SUBJECT:	Anglocci Name of Limi	Maritifical LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	- Hick	Name of Person	
		Firm/Company	
	1126 Old	Olycochobee Px	oad
	West Palm	Brack, 74.33 City/State and Zip Code	401
	E-mail address: (	to be used for future annual report notific	cation)
For further information c	oncerning this matter, please ca	all:	2920 GEO
Kirk Angle	Person	at ( <u>5701</u> ) <u>018 - (</u> Area Code Daytime	200 JUL 27 A
Enclosed is a check for the	ne following amount:		5 6 2 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S Division of C	Section orporations	Street Address: Registration Sect Division of Corp	orations
P.O. Box 632	7	The Centre of Ta	llahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

K Angelocci No	nutical (LC		
(Named of the Limited Liability (A Florida	y Company as it now appears on our records.) Limited Liability Company)		
The Articles of Organization for this Limited Liability Co	•	and assigned	
<del></del>	<u>~</u> ·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company here:		
The new name must be distinguishable and contain the words "Limi	ted Etability Company," the designation "LLC" or the	ne abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	ESS)		
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 i	name of the new register	·ed
agent and/or the new registered office address here:		10 2 10 2	
Name of New Registered Agent:		ST A	
New Registered Office Address:			
	Enter Florida street address	FL 22	
	, Florida	Zip Code	
	$CH\tilde{y}$	гір Сойе	

#### 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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Lacey Angelogici	1126 Old Okeechobee Roac	_ OLXUU
		1126 Old Okcechober Roac Word Palm Brach, -16	□Remove
		3401	□Change
AMBR	Charl Angelocici	1126 OKI Cheechotse Roa	d Dado
	O	West talm Beach, IL	
		33401	□Change
			□Add
			□Remove
			_ EChange
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(If an effect Note: If	re date, if other the etive date is listed, the d f the date inserted in nt's effective date or	late must be spec this block doe	ritic and cann is not meet t	the applicab				ling.) Pursi		
	ord specifies a de 90th day after th			, but not a	an effectiv	ve time, at	12:01 a.	m. on th	ne ear	lier of:
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Dated _	1		/////	2000	U .					
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