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COVER LETTER

Division of Co			
DILEYLA Subject:	A ANGEL INVESTMENTS LL	С	
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	MAXIMO RODRIGUEZ		
		Name of Person	
	DILEYLA ANGEL INVE	ESTMENTS LLC	
		Firm/Company	
	8975 NW 27 AVENUE		
		Address	
	MIAMI, FL 33142		
		City/State and Zip Code	
	SABY@BKBS.BIZ		
For further information	E-mail address: (concerning this matter, please c	to be used for future annual report notif	lication)
		at () Area Code Daytime	e Telephone Number
Name	of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for	=		
\$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:

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

DILEYLA ANGEL INVESTMENTS LLC		
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records. Liability Company))
The Articles of Organization for this Limited Liability Company	and assigned	
Florida document number 115000169125		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	8975 NW 27 AVENUE	
Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33142	
		15
Enter new mailing address, if applicable:	8975 NW 27 AVENUE	19
Mailing address MAY BE A POST OFFICE BOX)	MIAMI, FL 33142	me y Mi
. 		
		R
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	rida Zip Code
	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, 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
MGRM	STEPHANIE RODRIGUEZ	8975 NW 27 AVENUE	■ Add
		MIAMI FL 33147	□ Remove
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			Add
			□ Remove
			Change
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Filing Fee: \$25.00