# 116000023780

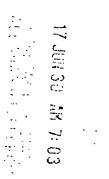
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500300830215

DE/BD/17--01611--016 ++15.16



JUL 0 5 2317 J CHIVERS

## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	April 5 DV Name of Lim	ited Liability Company	P, LLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Ju	Name of Person	cm_
	Apri	15 Angels (Firm/Company)	Group, LLC
	1454 Lok	ololly Ct.	
	Orangel	City/State and Zip Code  Out Class 15 Common Code  Out Class 15 Common Code  Out Class 15 Common Code  Out Class 15 Code  Out C	32-073
	E-mail address: (	NGCISTS COMO	Cil-COM  tification)
For further information co	oncerning this matter, please ca		
July Pane of	Person	at (104) SLO Area Code Dayti	me Telephone Number
Enclosed is a check for th	e following amount:		
\$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

(Name of the Limited Liability Compa	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L1600033780</u> .	were filed on $\frac{21316}{}$ and assigned
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 Liabil	lity Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	1456 Loblally Ct. Orange Park, FL. 32073
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	1456 Lobbilly Ct. Orange Park, FL. 32073
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	City , 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.

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			☐ Change
			Add
			☐ Remove
			□ Change
			□ Aðd
			□ Remove
			☐ Change
			□ Remove
			☐ Change
			D Add
			☐ Remove
			Change
			Add
			☐ Remove
			Character (

	<u> </u>	
		<del></del>
	4	
	· · · · · · · · · · · · · · · · · · ·	
		<del></del>
	<u> </u>	
		<u>:</u>
		,
		<b>'</b> '.
	•	** <del>-</del>
	71년 <b>교</b> 75년 회	
Tective date, if other than the date of filing:  In effective date is listed, the date must be specific and cannot be prior to date of filing or moote:  If the date inserted in this block does not meet the applicable statutory filing incument's effective date on the Department of State's records.	(optional) ore than 90 days after filing.) Pursuant to g requirements, this date will not be	605.026 listed a
record specifies a delayed effective date, but not an effective ti The 90th day after the record is filed.	me, at 12:01 a.m. on the ea	arlier (
ned June 28 2017.		

Page 3 of 3

Filing Fee: \$25.00