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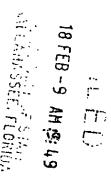
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# **COVER LETTER**

O: Registration Section Division of Corporations
SUBJECT: Angel'z Heart I Macine Center, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Shirley Pubrer
Angel's Heart I maying Center LLC
1130 NF 1664hst Address
North Miami Beach, PC 33/62 City/State and Zip Code
E-mail address: (to be used for future annual support notification)
For further information concerning this matter, please call:
Shirle Chien at (786) 565 - 8198  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) \$\Bigcup \$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

1 112

Angel's Ite	art I maging Lenter LLC
( <u>Name of the Limited Liability C</u> (A Florida Lir	ompany as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Com Florida document number	pany were filed on <u>212412016</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited  Angelz Heart Minis  The new name must be distinguishable and contain the words "Limited"	,
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRES	<u> </u>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or register registered agent and/or the new registered office addres	ed office address on our records, enter the name of the new s here:
Name of New Registered Agent:  New Registered Office Address:	Momi Beach Florida FL 33/62  City Zip Code

### New Registered Agent's Signature, if changing Registered Agent:

Λ

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		
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The 90th day after the record is filed.				
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Signature of a member or author	arzeo representative of a member			
Shider Pubic	d name of signee			

Page 3 of 3

Filing Fee: \$25.00