## L170000066591

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## **COVER LETTER**

TO: Registration S Division of Co				
3 ANGELS SUBJECT:	S SERVICES LLC			
SUBJECT:	Name of Lim	ited Liability Company		
	Amendment and fee(s) are sub ondence concerning this matter	-		
	JUDITH CRUZ			
		Name of Person		
	3 ANGELS SERVICES L	LC		
		Firm/Company	<del></del>	
	10090 NW 80TH COURT	1502		FAL TAL
		Address	<del></del>	A-D
-	MIAMI LAKES, FL 3301	6		APR 10 PM 3: 04
	•	City/State and Zip Code		P
	ACCOUNTING@CORNE			ယ္ ေ
	E-mail address: (	to be used for future annual report notif	ication)	3: 04
For further information of	concerning this matter, please c	all:		
JUDITH CRUZ		786 315-7843		
Name o	of Person		Telephone Number	
Enclosed is a check for t	he 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 enclose	
MAII	ING ADDRESS:	STREET/COURT	ER ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3 ANGELS SERVICES, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{03/23/2017}{1}$ and assigned Florida document number L17000066591 This amendment is submitted to amend the following: 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: (Principal office address MUST BE A STREET ADDRESS) 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 name of registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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
MGR	JOSHUE JIMENEZ	10090 NW 80TH COURT 1502	<b>B</b> Add
		MIAMI LAKES, FL 33016	□ Remove
			☐ Change
			Add
			☐ Remove
			SECRETARY FALLAHASSE APRAGO
			PHOTE STATE SEE, FLORIDA Refroye Chaffige
			Add
			□ Remove
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effective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 degree. If the date inserted in this block does not meet the applicable statutory filing requirement ament's effective date on the Department of State's records.	_ (optional) ays after filing.) Pursuant to 605.020 nts, this date will not be listed a
ecord specifies a delayed effective date, but not an effective time, at 17 ne 90th day after the record is filed.	
od March 31 st., 2017.  Queliff Gery Signature of a member or authorized representative of a member.	
a 11/6 Ch 31 , 2017.	

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Filing Fee: \$25.00