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MAY 1 9 2017 S. YOUNG

COVER LETTER

TO: Registratio Division of	on Section f Corporations	
	ELICAANGEL LLC	
SUBJECT:	Name of Limited Liability Company	
	es of Amendment and fee(s) are submitted for filing. respondence concerning this matter to the following:	
	Elena Diaz	
	Name of Person	
	Glades Corporate Services LLC	
	Firm/Company	
	1940 Wilson Street	- Es
	Address	THAY 18
	Hollywood, FL 33020	7 18 V.S.S.
	City/State and Zip Code	SEE FLORIDA
	ediaz@gladescs.com E-mail address: (to be used for future annual report notification)	3: 30
For further informati	ion concerning this matter, please call:	30
Elena Diaz	754 423-0558 at ()	
Na	ame of Person Area Code Daytime Telephone Number	
Enclosed is a check to	for the following amount:	
\$25.00 Filing Fe	ee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	atus &
Re Di P.C	IAILING ADDRESS: egistration Section ivision of Corporations O. Box 6327 allahassee, 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

ANELICAANGEL LLC		
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our rida Limited Liability Company)	records.)
he Articles of Organization for this Limited Liabilit	y Company were filed on $\frac{05-05-2017}{1}$	and assigned
lorida document number L17000100518	·	
his amendment is submitted to amend the following	;	
. If amending name, enter the new name of the	imited liability company here:	
NA		
e new name must be distinguishable and contain the words "	Limited Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	N/A	
Principal office address MUST BE A STREET AD	DRESS)	1/5
		<u> </u>
		3
nter new mailing address, if applicable:	N/A	7 7 7
<u> Aailing address MAY BE A POST OFFICE BOX</u>		3. OHE
		30
. If amending the registered agent and/or registered agent and/or the new registered office a	ddress here:	ecords, enter the name of the
		
New Registered Office Address:	Enter Florida street	address
	Emer Piorida street	•
	City	, Florida Zip Code
	City	Zip Coue

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>	<u>Address</u>	Type of Action
MGMR	BENGOA, Roberto R	6525 NW 195 Lane	□ Add
		Hialeah, FL,33015	_ ■ Remove
			☐ Change
MGR	BENGOA, Sandra M	1940 Wilson Street, Hollywood	Add
		FL,33020	□ Remove
			■ Change
MGR	Acosta, Maria Laura	6525 NW 195 Lane	SEURETE Address
		Hialcah, FL 33015	ETAR IRemovêr
			S IT
			30
			□ Remove
		· · · · · · · · · · · · · · · · · · ·	☐ Change
			Add
			Remove
			Change
			Add
			Remove
			□ Change

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