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COVER LETTER

	Registration Se Division of Cor			
SID IE		illiams LLC		
SUBJEC	.1:	Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Priscilla Williams		
			Name of Person	
			Firm/Company	
		7141 Biltmore Blvd		
			Address	
		Miramar, FL 33023		
			City/State and Zip Code	
		Priscilla Williams		一 声音
For further	er information c	E-mail address: (oncerning this matter, please c	to be used for future annual report notifica all:	TELLAHASSE TO TELLAHASSE
Priscilla	Williams		754 226-5974	SEC. OF D
	Name o	f Person	Area Code Daytime To	elephone Number
Enclosed	is a check for th	ne following amount:		
□ \$25.0	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)
	Registr Divisio P.O. Be	ING ADDRESS: ation Section on of Corporations ox 6327 ussee, FL 32314	STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Cente Tallahassee, FL 3230	ons .

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Priscilla Williams 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 05/23/2017 and assigned Florida document number 17000113613 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Prized Angel LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida 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:

$\dot{M}GR = M$ $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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	cord specifies a delayed effective date, but not an effective	time, at 12:01 a.m. on the earlie	er o
	90th day after the record is filed.		
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Typed or printed name of signee

Filing Fee: \$25.00