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# **COVER LETTER**

•	OO , BRI BETTER
TO:	Registration Section Division of Corporations
SUBJF	ECT: ANGLIN CARIFELLIC (Change to: Angline) Name of Limited Liability Company  LLC
The end	closed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Lenneth-Paul Anglin Berric
	Firm/Company
	12600 SW /20 Stroet Suitella
	City/State and Zip Code  Res BerrickLaw, Com  E-mail address: (to be used for future annual report notification)
For furt	ther information concerning this matter, please call:
X	Name of Person Area Code Daytime Telephone Number
1/	ed is a check for the following amount:  5.00 Filing Fee

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ANGLIN CAPITAL, LLC		
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our reconited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Com Florida document number £17000124962	pany were filed on 6/07/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
ANGLIN LAW, LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<del></del>	
(Principal office address MUST BE A STREET ADDRES	$S_1$ $A$	
		622
		550
Enter new mailing address, if applicable:	MA	
(Mailing address MAY BE A POST OFFICE BOX)		
		25
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	Tice address on our records, <u>ent</u>	-
	. /	
Name of New Registered Agent:	MA	
New Registered Office Address:	Enter Florida street ada	lress
		Fl 1.
	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 = Manager AMBR = Authorized Member Type of Action <u>Title</u> Name **Address** □Add  $\square$ Remove Change  $\square$ Add  $\square$ Remove □ Change □Add □Remove \_ Change □Add Remove \_□Add □Remove □Add Remove

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If amending any other info	rmation, enter change(s) here: (Attach additional sheets, if necessary.)
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lote: If the date inserted in thi	the date of filing:
record specifies a delayed effe l is filed.	ective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
SEPTEMBER 14	2024
ated	
	Signature of a member or authorized representative of a member
ن	Lenneth-Paul A. Berric
	Typed or printed name of signee