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COVER LETTER

Div	ision of Corp	orations				
SHD IECT.	Angels In the	e Field Healthcare Training, L	.I.C			
SUBJECT			ited Liability Company			
The enclosed	l Articles of A	amendment and fee(s) are sub-	mitted for filing.			
Please return	all correspon	dence concerning this matter	to the following:			
			Alexis Carabali			
			Name of Person			
		Angels In the F	ield Healthcare Training, LLC			
Firm/Company						
		875 Martin Luther King Jr	. Ave.			
			Address			
		Crestview, Florida 32536				
			City/State and Zip Code			
		lxscarabali@yahoo.com				
		E-mail address: (to be used for future annual report notif	ication)		
For further in	nformation co	ncerning this matter, please ca	all:			
Alexis Caral	bali		813 447-2883			
	Name of	Person	at () Area Code Daytime	Telephone Number		
Enclosed is a	a check for the	e following amount:				
□ \$25.00 F	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)		

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314

TO: Registration Section

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

FILED

2018 NOV 19 AM 10: 49

Angels in the Field Healthcare Training, 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 $\frac{01/22/2018}{}$ and assigned Florida document number ______18000018345 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Angels in the Field, 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

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
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Note: If the date inse	ner than the date of fi ed, the date must be specific rted in this block does no date on the Department o	ot meet the applica	o date of filing or more th	(optional) nan 90 days after filing.) juirements, this date v	Pursuant to 605.0207 (vill not be listed as t
ne record specifie. The 90th day af	s a delayed effectiv ter the record is file	e date, but not ed.	an effective time	e, at 12:01 a.m. c	on the earlier of
November 12		2018			
Jated					
Dated	_ ac	$\langle \rangle$	rized representative of a	manhar	

Page 3 of 3

Filing Fee: \$25.00