## L18000024711

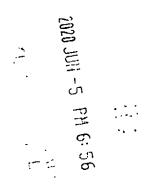
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Certified Copies	_ Certificates	of Status
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## **COVER LETTER**

TO: Registration Section

Tallahassee, FL 32314

Division of Corpor	ations		
SUBJECT: <u>Leez</u> c	Ashley Pr	Oductions, LL(	
The enclosed Articles of Am		_	
Please return all corresponde	nce concerning this matter	to the following:	
	Leeza Glint	O Name of Person	
		Firm/Company	
	5539 Sass	a Cilla LN Address	
	Orlando, FL	32821 City/State and Zip Code	
_	E-mail address: (t	o be used for future annual report notif	ication)
For further information conce	erning this matter, please ca	all:	
Leeza Glinto Name of Per	rson	at ( <u>407</u> ) <u>595</u> Area Code Daytime	- 4123 Telephone Number
Enclosed is a check for the fo	ollowing amount:		
	S30.00 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 Sectorision of Corp P.O. Box 6327		Street Address: Registration Sec Division of Corp The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Leeza Ashley Production (Name of the Limited Liability Companion) (A Florida Limited Liability Companion)	NS, LLC 2020 JU!! -5 Pli 6:55
( <u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on January 29, 2018 and assigned
Florida document number <u>L18000024711</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	of Angle LLC
The new name must be distinguishable and contain the words "Limited Liabil	
Enter new principal offices address, if applicable:	5539 Sassparila LN
(Principal office address MUST BE A STREET ADDRESS)	5539 Sassparila LN Orlando, FL, 32821
Enter new mailing address, if applicable:	ss39 Sassparilla LN
(Mailing address MAY BE A POST OFFICE BOX)	SS39 Sassparilla LN Oriando, FL, 32821
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registered</u>
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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = M$	lanager Authorized Member	· · ·	
<u>Title</u>	<u>Name</u>	Address 20 JUH - 5 PH 6: 56	Type of Action
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	2020 JUH -5 PH 6: 56
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Effective date, if other than the date (If an effective date is listed, the date must be sp Note: If the date inserted in this block de document's effective date on the Department.	ecific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) oes not meet the applicable statutory filing requirements, this date will not be listed as the
the record specifies a delayed effective date cord is filed.	but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated May 14	ture of a member or authorized representative of a member
7	