118000037629

Office Use Only



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COVER LETTER

Division of Cor	porations			
suвјест: <u>A</u> r	change Wholes	ele Group LVC		
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	Michael	Stevens Name of Person		
	-Archangel W	holosale Group L	VC	
	554 Paris	Address		
	Mary Esther	Fu 32569 City/State and Zip Code		
	darkhauk Cy E-mail address	cles @ amil Com to be used for fullure annual report notif	fication) -4 %2	
For further information co	ncerning this matter, please c		Hans Section	
Michael Name of	Stevens	at (954) 558-	490 S 32 P	
			e Telephone Number	
Enclosed is a check for the	following amount:			
☐ \$25.00 Filing Fee	\$2 \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
Valling Address		Street Address.		

TO:

Registration Section

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Archangel Wholesale G	roup LLC
(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 $\frac{2/12/18}{}$ and assigned
Florida document number <u>L18000037629</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	554 Parish Blud
(Principal office address MUST BE A STREET ADDRESS)	Mary Esther, FL 32569
Enter new mailing address, if applicable:	554 Parish Blud
(Mailing address MAY BE A POST OFFICE BOX)	Mary Esther, FL 32569
B. If amending the registered agent and/or registered office acagent 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: Michael	E.Stevens
	Parish Blud
- Mary F	Enter Florida street address Street . Florida 32569 City . Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete passent the obligations of any position and complete passent the obligations of any position.	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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Owner_	Michael Eduard Ste	evens <u>554 Parish Blvd</u>	□Add
		Mary Esther, Fr 3256	9_ □Remove
			(\sumbhange
MGR	Michelle Randolph	554 Parish Blud	□Add
		Mary Esther, Fr 32569	□Remove
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			□Change

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Signature of a member or authorized representative of a member	record specifi		22	2020	- <u>-</u>				
•	record specifi		22	2010	2	-			

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