

L18 000037629

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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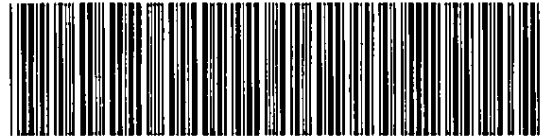
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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D. BRUCE  
AUG 10 2020

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Archangel Wholesale Group LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Stevens  
Name of Person

Archangel Wholesale Group LLC  
Firm/Company

554 Parish Blvd  
Address

Mary Esther, FL 32569  
City/State and Zip Code

darkhawkcycles@gmail.com  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Stevens at ( 954 ) 558-4905  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$25.00 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)

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

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Archangel Wholesale Group LLC

**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>	<u>Address</u>	<u>Type of Action</u>
Owner	Michael Edward Stevens	554 Parish Blvd	<input type="checkbox"/> Add
		Mary Esther, FL 32569	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Michelle Randolph	554 Parish Blvd	<input type="checkbox"/> Add
		Mary Esther, FL 32569	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated June 22, 2020

  
Signature of a member or authorized representative of a member

Michael Edward Stevens  
Typed or printed name of signee