118000182707

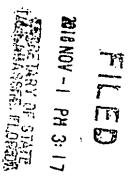
(Requesto	r's Name)
(Address)	
(Address)	
(City/State	/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Documen	t Number)
Certified Copies	Certificates of Status
Special Instructions to Filing C	Officer:

Office Use Only



900320305479

11/01/18--01004--022 **25.00



Y SULKER NOV 16 2018

COVER LETTER

Division of Corporations	
SUBJECT: ANGEL'S REPAIR & SERVICES 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:	
Minni TAX and Accounting Management	t Service
18901 SW 106 HVR STEA-103 Address Hiamin M 33157 City/State and Zip Code TAMY & Mi Ami, pro fax. Com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
TALMAY DIGZA at (786) 808-65 95 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
S25.00 Filing Fee Scrifficate of Status S25.00 Filing Fee Scriffied Copy (additional copy is enclosed) S25.00 Filing Fee Scriffied Copy (additional copy is enclosed) S60.00 Filing Fee Scriffied Copy (additional copy is enclosed)	

MAILING ADDRESS:

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

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

ANGEL'S Repair ?	Services CLC
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) lability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L18000183707</u> .	were filed on $\frac{7/30/8}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi Angel's Plumbing So The new name must be distinguishable and contain the words "Limited Liability".	
Enter new principal offices address, if applicable:	ω/A
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	N/A 38
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	2/2
New Registered Office Address:	Enter Florido street address
	\mathcal{O}_{City} , Florida $\mathcal{O}_{Zip\ Code}$

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 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
			□ Add
			□ Remove
			□ Change
			Add
			☐ Change
			Add
		<u> </u>	Remove
			Add
			Add Remove
			□ Change
			□ Add
			☐ Remove
			☐ Change
			
			☐ Remove
			Change

								_		
		 -								
							-		. <u>-</u>	
				· · ·		<u>.</u>				
-					-				-	·
										
			·						<u> </u>	
							· .			
_										
-								 ,		
-			-					4.		
								100	2 3	
									N N	
_	<u></u>							30±5 ∰-<	<u> </u>	
_									P 74	
									7.0	
fective	adata if ather	than the dat	e of filing: specific and a	;	r to date of filing	or more than 9	(optio	n ightyri tiling v Pr) (=	o 605 020

Page 3 of 3

Filing Fee: \$25.00