## L19000017973

(1	Requestor's Name)					
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(Business Entity Name)						
(Document Number)						
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## **COVER LETTER**

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

ARC OF ANGELS OF FLORIDA, LLC SUBJECT: 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: Jed R. Friedman Name of Person Jed R. Friedman, P.A. Firm/Company 25 SE 2nd Avenue, Suite 716 Address Miami, FL 33131 City/State and Zip Code friedmanlawfirm@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jed R. Friedman Name of Person Enclosed is a check for the following amount: € \$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

ARC OF ANGELS OF FLORIDA, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned Florida document number [1,19000017973 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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.

City

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
MGR	Gregory Pierre	12030 NW 21St Ct.	<b>≡</b> Add
		Plantation, FL 33323	Remove
			©Change
Manager	Ciara Jones	250 NE 183rd Street	□Add
		Miami, FL 33179	≣Remove
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Effective date, if other than (If an effective date is listed, the date Note: If the date inserted in thi document's effective date on the	must be specific and cannot b s block does not meet the	e prior to date of filing or applicable statutory fil	more than 90 days after filing	g.) Pursuant to 605,0207 (3
ne record specifies a delayed effeord is filed.	ctive date, but not an effec	tive time, at 12:01 a.m	on the earlier of: (b) T	he 90th day after the
Dated October 14	2021			
	- A			

Filing Fee: \$25.00

Typed or printed name of signee