U9000045505

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(Address)
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PICK-UP WAIT MAIL
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, , ,
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MAR 1 5 2019 S. YOUNG

COVER LETTER

TO: Registratio Division of	on Section f Corporations	
Angel's	's Rock Oil, LLC	
SOBJECT:	Name of Limited Liability Company	-
The enclosed Article	es of Amendment and fee(s) are submitted for filing.	
Please return all corr	rrespondence concerning this matter to the following:	
	Angel A Miro Vega	
	Name of Person	
	Angel's Rock Oil, LLC	
	Firm/Company	
	10247 Dwell Ct Apt 212	
	Address	_
	Orlando, FL 32832	
	City/State and Zip Code alexismiro@gmail.com	
	E-mail address: (to be used for future annual report notification)	=
For further informat	tion concerning this matter, please call:	
Angel A Miro Vega		
Na	lame of Person Area Code Daytime Telephone Num	per
Enclosed is a check	for the following amount:	
□ S25.00 Filing Fe	Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certificate of Status	Filing Fee, cate of Status & ed Copy nal 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 Rock Oil, LLC			
(Name of the Limited Liability ((A Florida Li	Company as it now appears on our records. mited Liability Company))	
The Articles of Organization for this Limited Liability Con- Florida document number 119000045505	npany were filed on 2/19/2019	and assig	gned
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited</u>	d liability company here:		
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC"	or the abbreviation "L.L.	.C."
Enter new principal offices address, if applicable:			·-
(Principal office address MUST BE A STREET ADDRES	<u>SS)</u>		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
		9	
			<u> </u>
B. If amending the registered agent and/or register registered agent and/or the new registered office addres		ምክ≃ ረጠ '	f=the ne ⊤⊓
		32	D
Name of New Registered Agent:			
New Registered Office Address:		× ×	
now registered Office Address.	Enter Florida street address		
	. Flo	rida	
	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 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>	Type of Action
AP	Angel A Miro Vega	10247 Dwell Ct Apt 212 Orlando, FL 32832	
			☐ Remove
		Change title to MGR	■ Change
			□ Add
			☐ Remove
			□ Change
			Add
			☐ Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
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			Remove
			Change

<u> </u>		
		
-		
		
	05/05/2019	
ffective date, if other than	n the date of filing: (optional)	
ote: If the date inserted in the	te must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant his block does not meet the applicable statutory filing requirements, this date will not the Department of State's records.	. to 605.0207 (be listed as t
e record specifies a dela The 90th day after the	ayed effective date, but not an effective time, at 12:01 a.m. on the record is filed.	earlier of
March 1st	2019	
	1111-76	
	Signature of a member or authorized representative of a member	

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Typed or printed name of signee

Filing Fee: \$25.00