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C. GOLDEN FEB - 4 2020

COVER LETTER

Registration Section

TO:

Division	of Corpo	rations		
	RUP ANG	ELS LLC		
SUBJECT: Name of Limited Liability Company				
The enclosed Art	icles of Ar	nendment and fee(s) are subr	nitted for filing.	
Please return all c	correspond	ence concerning this matter t	o the following:	
		APPOLONIA BARNETT		
			Name of Person	
		SYRUP ANGELS LLC		
			Firm/Company	
	•	110 GARDENRIDGE CT	APT 308	
			Address	
		WINTER SPRINGS FL. 3	2708	
		appoloniaalexis20@gmail.co	City/State and Zip Code	
		• •	to be used for future annual report not	ification)
For further inform	mation con	cerning this matter, please ca	all:	
APPOLONIA B	ARNETT		863 368-9484 at ()	
	Name of I	Person	Area Code Daytin	ne Telephone Number
Enclosed is a che	eck for the	following amount:		
S25.00 Filing	g Fee	\$\$\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regist Division	Address: ration Second Co lox 6327	ection rpstation	Street Address: Registration So Division of Co The Centre of	rporations
	assee, FI			pe Street, Suite 810

Taliahassee, FL 32363

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SYRUP ANGELS LLC

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(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability	Company were filed on 02/19/2019	and assigned
Florida document number L19000049650		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LI.C" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, <u>enter th</u>	e name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	da
	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 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

Title	<u>Name</u>	Address	Type of Action
СТО	JAMES H TIMBERLAKE JR	519 TERRACEVIEW CV	🗆 Add
		APT 106	-
		ALTAMONTE SPRINGS, FL 32714	= Change
CEQ APPOLONIA A BARNETT	APPOLONIA A BARNETT	110 GARDENRIDGE CT	
	АРТ 308		
		WINTER SPRINGS, FL 32708	
		□Remove	
		□Change	
		·	□Remove
		□Change	
			
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			□Add
			□Remove
			□Change

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Effect	ive date, if other than the date of filing:
Note:	ive date, if other than the date of filing:
he recor ord is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	1/1/20
	Appalonia Barnett
	Appalonia Barnett Typed or printed name of signee