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(Requestor's Name)				
(Āddress)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Touch of Paradise with AEK, 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:
Angela Draga Name of Person
Firm/Company
945 Date Ave.
Merritt Island FL 32953 City/State and Zip Code
Poela TOP @ yohoo Con  F-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Flogslo Droop at (381) 918 - 1013  Name of Person Daytime Telephone Number
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  □ Certified Copy  □ Certifie

### 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

FILED

(Name of the Limited Liability Company as it now appears on our records. 150   9   1: 19 (A Florida Limited Liability Company)
(A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on 3-3070000000000000000000000000000000000
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:  Touch of Paradise with Angela, LLC  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)
<del></del>
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:
New Registered Office Address:  Enter Florida street address
Enter Florida street address, Florida
Enter Florida street address

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	Butcher, Kelly A.	945 Date Ave.	
	· ·	Merritt Island, FL 38953	Remove
			Change
	<del></del>		Add
			□ Remove
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			Change

. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Effective date, if other than the date of filing:
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  The 90th day after the record is filed.
Dated September 17th . 2019.  May La Bragge.  Signature of a member or authorized representative of a member
Angla Draggyped or printed name of signee

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Filing Fee: \$25.00