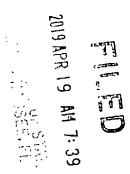
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C. GOLDEN APR 3 0 2019

COVER LETTER

SUBJECT:	ANGELSMITH LLC			
	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
		PETER JANUS		
		Name of Person		
	Α:	NGELSMITH LLC		
		Firm/Company		
	2094	DICKENS TERRACE		
	-	Address		
	PALM B	BEACH GARDEN, FL 33418		
	ANGELSMITHBRAND@GMAIL.COM			
	E-mail address: (to be used for future annual report noti	fication)	
For further information of	concerning this matter, please ca	all:		
PETER JANUS		561 323- 5591 at ()		
Name o	of Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for t	he following amount:			
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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

	ANGELSMITH LLC	2019 APR 19 AM 7:39
(Name of the Li	mited Liability Company as it now appears o (A Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited	Liability Company were filed on0	3/27/2019 and assigned
Florida document numberL19000084446		
This amendment is submitted to amend the fo	ollowing:	
A. If amending name, enter the new name	of the limited liability company here	
The new name must be distinguishable and contain th	e words "Limited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if app	licable:	
(Principal office address MUST BE A STRI	EET ADDRESS)	
		<u> </u>
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFIC	E BOX)	
B. If amending the registered agent an registered agent and/or the new registered	id/or registered office address on or office address here:	or records, enter the name of the
and the second second	office address nere.	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida	street address
		, Florida
	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>	Name	<u>Address</u>	Type of Action
AMBR	ANGELICA SMITH	591 Evernia St Apt 1719 West Palm Beach FL 33401	■ Add
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			□ Change
			Add
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		•	□ Change
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	March	26, 2019		
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ive date is listed, the date must be the date inserted in this block	specific and cannot be	prior to date of filing o	r more than 90 days after ling requirements, thi	r filing.) Pursuant to 605.0207 (
t's effective date on the Depa	rtment of State's reco	ords.	mig requirements, un	s date will not be listed as t
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n				
	the date inserted in this block at's effective date on the Depart of Specifies a delayed efforth day after the record opin 15	e date, if other than the date of filing: live date is listed, the date must be specific and cannot be the date inserted in this block does not meet the ap it's effective date on the Department of State's record and specifies a delayed effective date, but Oth day after the record is filed. April 15 Signature of a member or	the date inserted in this block does not meet the applicable statutory find's effective date on the Department of State's records. In specifies a delayed effective date, but not an effective Oth day after the record is filled. April 15 Signature of a member or purcerized representative.	e date, if other than the date of filing: (optilized date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after the date inserted in this block does not meet the applicable statutory filing requirements, this is effective date on the Department of State's records. In department of State's records. Signature of a thember or distorted representative of a thember of state of the s

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00