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TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations		
SUBJECT:	NUEL G106 Name of Limite	DAL ENTERF d Liability Company	Prisas UC
The enclosed Articles of	Amendment and fee(s) are subm	itted for filing.	
Please return all correspo	ondence concerning this matter to	the following:	
	Timothy .	L. Alexano Name of Person	tr
	HNGEL	Firm/Company	Herprises LLC
	264 F	ANING WAT	3r Dr
	_		
	E-mail address: (to	City/State and Zip Code Comp be used for future annual report no	tel. Net
For further information of	oncerning this matter, please call		
	_		01125
Name o	y Hexand	at (<u>40 †)</u> Area Code Dayti	me Telephone Number
Enclosed is a check for the	he following amount:	_	
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration : Division of C	Section	Street Address: Registration S Division of Co	
P.O. Box 632	•	The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ANGEL G-Lobal ENTOPPISES LLC

(Yame 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 May 10, 2019 and assigned Florida document number 84-3692249

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. Entitled clausing Comp.	ary, the designation letter of the above viation lettere.
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	ARR MA
Enter new mailing address, if applicable:	E: 72 pour
(Mailing address MAY BE A POST OFFICE BOX)	SEC.
	977 - 480

B. If amending the registered agent and/or registered office address on our records, enter the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

264 FAILING WATERS Drive

KISSIMANE Florida 37759

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

hanging Register of Vent. 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 '	Address	Type of Action
MLR	Timothy L. Alexand	AT 264 FAILING NAOVS KOS.F. 34.	∑ fadd
	•		_ □Remove
			_ Change
MLT	MARCOLAT. MARTIN	eng 264 FAILING WATTER KSS. FI397	r i Mad
			□Remove
			Change
			_ □Add
			□Remove
			Change
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n effective date is li <u>ete:</u> If the date in	sted, the date must be sp serted in this block de		r to date of filing or mo cable statutory filing	re than 90 days after fili	al) ng.) Pursuant to 605.0207 tte will not be listed as
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