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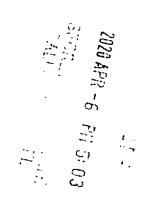
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COVER LETTER

| TO: Registration Se Division of Cor | | | |
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| SUBJECT: ANI | GELO SOLUTIO | NS LLC | |
| Sobstitution of the state of th | Name of Lim | ited Liability Company | |
| | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ndence concerning this matter | to the following: | |
| | | , | |
| | A | NGEL GRIMADU | |
| | | Name of Ferson | |
| | | ing I Markel feller | |
| | • | Firm/Company | |
| | 70 | O MANATEE BAY | / DR. |
| | | Address | |
| | Barn | ton Boach FL | 33435 |
| | | On Boach FL City/State and Zip Code | |
| | humber | togrimaldo26@hot | mail.com |
| The second of the second of | | | Catton) |
| For further information e | oncerning this matter, please ca | au: | |
| ANGEL | GRIMALDO | at (<u>70'3</u>) <u>454</u> Area Code Daytime | 6163 Telephone Number |
| Name o | f Person | Area Code Daytime | Telephone Number |
| r i l'element | E.11 | | |
| Enclosed is a check for th | - | Mark on the co | |
| □ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ★ \$55.00 Filing Fee & Certified Copy | \$60.00 Filing Fee, Certificate of Status & |
| | | (additional copy is enclosed) | Certified Copy (additional copy is enclosed) |
| | | | |
| Mailing Addres | s: | Street Address: | |
| Registration S | Section | Registration Sect | |
| Division of C | • | Division of Corp | |
| P.O. Box 632 Tallahassee, 1 | | The Centre of Ta 2415 N. Monroe | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OF

2020 AFR -6 Fit 5:03

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

| (A Florida L | imited Liability Company) |
|---|--|
| | mpany were filed on November 11, 2019 and assigned |
| Florida document number <u>L 19000281323</u> | ÷ |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limite | ed liability company here: |
| The new name must be distinguishable and contain the words "Limite | ed Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | |
| (Principal office address MUST BE A STREET ADDRE | <u> </u> |
| | |
| Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| | |
| B. If amending the registered agent and/or registered of agent and/or the new registered office address here: | office address on our records, <u>enter the name of the new registerec</u> |
| Name of New Registered Agent: | |
| New Registered Office Address: | |
| | Enter Florida street address |
| | , Florida |
| | $z_{\mu} \cup c_{\alpha}$ |

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 = M $AMBR = A$ | lanager .uthorized Member | 2020 | 0 APR - 6 Pri 5:03 | |
|--------------------|------------------------------|---------------|------------------------|------------------|
| <u>Title</u> | <u>Name</u> | Address | - b Pri 5: 03 | Type of Action |
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| | ding any other information, enter change(s) here: (Attach additional sheets if inecessary.) 2020 APP 5: 03 |
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| actis | e date, if other than the date of filing: (optional) |
| i effec | tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 |
| <u>te:</u> i | the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed |
| cume | nt's effective date on the Department of State's records. |
| | |
| eord | 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 |
| s file | |
| | •• |
| | 07/2/2020 |
| ted_ | 03/31/2020 |
| | |
| | Juni Mundolfelan |
| | Signature of a member or authorized representative of a member |
| | |
| | ANGELHGRIMALDO |

Filing Fee: \$25.00