L19000282621

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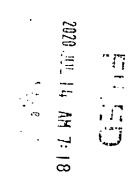
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5.

TO:

Registration Section

Tallahassee, FL 32314

Division o	f Corporations		
LUIS SUBJECT:	ANGEL LLC		
SUBJECT:	Name of I	imited Liability Company	
The enclosed Articl	es of Amendment and fee(s) are s	submitted for filing.	
Please return all coi	respondence concerning this mate	ter to the following:	
	LUIS CORDOVA		
		Name of Person	
		Firm/Company	
	2800 SOUTHWEST 15:		
		Address	
	ĐAVIE. FLORIDA 333	31	
		City/State and Zip Code	
	Lcordova99@yahoo.com		
For further informat	ion concerning this matter, please	s: (to be used for future annual report no	tification)
Luis Cordova	Ç , , , , , , , , , , , , , , , ,	954 279-9190	
Na	une of Person	at () Area Code Daytir	me Telephone Number
Enclosed is a check	for the following amount:		
□ \$25.00 Filing Fo		☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	on Section of Corporations	Street Address: Registration Se Division of Co The Centre of	rporations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LUIS ANGEL LLC		127
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Complete Florida document number 119000282621	pany were filed on 11/19/2019	and assigned 1
This amendment is submitted to amend the following:		18
A. If amending name, enter the new name of the limited	l liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	·	
(Principal office address MUST BE A STREET ADDRES	<u>(SS)</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:	Tice address on our records, enter th	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<u> </u>
	, Flori	
	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>	<u>Name</u>	Address	Type of Action
MGR	LUIS A CORDOVA	2800 SOUTHWEST 155TH LANE	□Add
		DAVIE. FLORIDA 33331	_
			■ Change
			□Add
			□Remove
			bbA□
			□Remove
			□Change
			□Add
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			□ Change
			□Add
			□Remove
			□ Change
			□Add
			🗀 Remove

&	articles of organization.
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ectiv	e date, if other than the date of filing: (optional)
cffc te: T	ctive 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 605.020 f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
ume	nt's effective date on the Department of State's records.
cord	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	
ad	JULY 14th 2020.
Cu	
cu _	

Typed or printed name of signee

The second