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COVER LETTER

COVERLETTER
TO: Registration Section Division of Corporations
SUBJECT: Avgel heaf 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:
Autumn Angel Name of Person
Angel Leaf LLC Firm/Company
3807 107th Ave N
Clearwater FL 33762 City/State and Zip Code
E-mail address: (to be used fertuture annual report notification)
For further information concerning this matter, please call:
Autumn Angel at 813 546 6688 Name of Person Person Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{Certificate of Status}\$\$ \$\times \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)}\$\$ \$\times \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)}\$\$\$ \$Certified Copy (additional copy is enclosed)\$\$\$}

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Angel Leaf LLC	ノ
(Name of the Limited Liability Company as it no (A Florida Limited Liability Co	w appears on our records.) ompany)
The Articles of Organization for this Limited Liability Company were file Florida document number <u>190028978</u>	d on 11122119 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability com	pany here:
The new name must be distinguishable and contain the words "Limited Liability Compa	ny," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	2
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Enter new mailing address, if applicable:	8
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
	ب
	S 22
B. If amending the registered agent and/or registered office address of agent and/or the new registered office address here:	n our records, <u>enter the name of the new registere</u>
and the new registered office address here.	
Name of New Registered Agent:	
New Registered Office Address:	
,	inter Florida street address
	, Florida
City	Zin 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.

It 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

Title	<u>Name</u>	Address	Type of Action
AMBR	Tim Angel	3807 107th Aven	🖸 Add
		Clearwater, FL 3376.	2 ▼Remove
			□Change
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ective date, if other than the date of filing: 2000 offictive date is listed, the date must be specific and cannot be prior to the date inserted in this block does not meet the application ument's effective date on the Department of State's records.	(optional) to date of filing or more than 90 days after filing.) Pursuant to 605.020 able statutory filing requirements, this date will not be listed a
cord specifies a delayed effective date, but not an effective tins filed.	me, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ed 12/15/2020	
Outurn One	\mathcal{O}
Signature of a member or author	rized representative of a member

Ell. E eag on