119000302217

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COVER LETTER

TO:

TO: Registration So Division of Co			
Mule Ange	el, LLC		w.
SUBJECT:	Name of Lim	ited Liability Company	-
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Edward Mathias Cerer		
		Name of Person	
	Mule Angel, LLC		
		Firm/Company	
	5319 Sanderling Ridge Dr	ive	
	-	Address	
	Lithia, FL 33547		
		City/State and Zip Code	
	edward@muleangel.com		
For further information	r-mail address: (concerning this matter, please c	to be used for future annual report noti	ncation)
	concerning this matter, please c		
Edward M. Cerer		813 955-1107 at ()	
Name (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 Addre		Street Address:	
Registration Division of C		Registration Sec Division of Cor	
P.O. Box 632		The Centre of T	-
Tallahassee,	FL 32314	2415 N. Monro Tallahassee, FL	e Street, Suite 810 . 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

3

Mule Angel, LLC			620
(Name of the Lim	ited Liability Company as it no (A Florida Limited Liability Co	w appears on our records.) ompany)	=
The Articles of Organization for this Limited I	Liability Company were file	d on December 11, 2019	and assigned
Florida document number L19000302217	 •		五
This amendment is submitted to amend the fol	llowing:		ý. 11
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 th	e abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:		
(Principal office address MUST BE A STRE.	ET ADDRESS)		
	· ·		
			1.00
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	<u></u>		
	 -		
B. If amending the registered agent and/or		n our records, enter the n	ame of the new registered
agent and/or the new registered office addre	ess nere:		
Name of New Registered Agent:	Edward Mathias Cerer		
New Registered Office Address:	5319 Sanderling Ridge D	rive	
Registered Szintes, Marieny.		Enter Florida street address	
	Lithia	, Florida	33547
	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	Edward Mathias Cerer	5319 Sanderling Ridge Drive, Lithia, FL 33547	= Adđ
			🗆 Remove
			□ Change
			□Add
			□ Remove
			□Change
			□Add
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Iffective date, if other than to an effective date is listed, the date is Note: If the date inserted in this locument's effective date on the	block does not mee	t the applicabl	late of filing or more statutory filing	(option (option) (opt	o nal) filing.) Pursuant to 605 s date will not be list	5.0207 (ed as t
record specifies a delayed effect is filed.	tive date, but not an	effective time	, at 12:01 a.m. or	the earlier of: (b	The 90th day after	r the
July 14th		2020				
Edwoll	Signature of a men	abor or all the second	od mangacina e e e e e e	Co mumber	·	
	Signature of a men	neer or authoriz	a representative o	i a member		