

L20000016626

Florida Department of State
Division of Corporations
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ANGIE'S ART AND BELLY CASTING LLC

Certificate of Status	0
Certified Copy	1
Page Count	06
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SULKER

FEB 17 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ANGIE'S ART AND BELLY CASTING LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cheyenne Moseley

Name of Person

Legalzoom.com, Inc.

Firm/Company

101 N Brand Blvd 11th Fl

Address

Glendale, CA 91203

City/State and Zip Code

angiesartandbellycasting@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cheyenne Moseley

\$00

773-0888

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

ANGIE'S ART AND BELLY CASTING LLC

(Name 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 01/09/2020 and assigned Florida document number L20000016626

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 "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal office address, if applicable:

10810 Boyette Rd # 733

(Principal office address MUST BE A STREET ADDRESS)

Riverview, FL 33568

Enter new mailing address, if applicable:

10810 Boyette Rd # 733

(Mailing address MAY BE A POST OFFICE BOX)

Riverview, FL 33568

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

Name of New Registered Agent:

New Registered Office Address:

10810 Boyette Rd # 733

Enter Florida street address

Riverview

City

Florida 33568

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Maria A. Guzman		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		10810 Boyette Rd # 733 Riverview, FL 33568	<input checked="" type="checkbox"/> Change
MGR	Maria A. Guzman		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		10810 Boyette Rd # 733 Riverview, FL 33568	<input checked="" type="checkbox"/> Change
MGR	Hector T. Rosado		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		10810 Boyette Rd # 733 Riverview, FL 33568	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

Dated 02/04/2020


Signature of a member or authorized representative of a member

Maria A. Guzman

Typed or printed name of signer