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## **COVER LETTER**

TO: Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations	
SUBJECT: Angle'S. Avt and Belly Casting 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:	
Marice A. Guzman Name of Person	
Angie's Av+ and Belly Casting LLC.	
10810 Boyette Rd # 733	
Kiverview, FL 33568 City/State and Zip Code	
angies avt and belly custing @ hotmail. (c) E-mail address: (to be used for future annual report notification)	$\mathcal{M}$
For further information concerning this matter, please call:	
Maria A Guzman at 813, 793-1166  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  Certificate of Status  Certificate of Status  Certificate of Status  (additional copy is enclosed)  □ \$60.00 Filing Fee.  Certificate of Status  Certified Copy  (additional copy is enclosed)	
Mailing Address:  Registration Section  Street Address:  Registration Section	
Division of Corporations Division of Corporations	

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

Angle's Art and (Name of the Limited Liab) (A Flori	Belly Casting illity Company as it now appears on ida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Florida document number 420000164	Company were filed on 61	09   2020 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the design	ation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	ORESS)	
		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here		ds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida st	reet address
	C·.	, Florida Zip Code
	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>	Name	<u>Address</u>	Type of Action
MGR	Hector Tow	es Rosado 10810 Bayette	Rd #733 DAdd
	res Rosado 10810 Boyette Riverview, FL 33	568 Remove	
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D. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(	Change management structure
_	Change managed.
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(If an effe <u>Note:</u>	ve date, if other than the date of filing:  (optional)  (optional)
If the record record is file	I 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 ed.
Dated <sub>-</sub>	September 11th acao.
	Signature of a member or authorized representative of a member
	Maria A. Guzman Typed or printed name of signee

THE CALLO