h20000046146

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TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

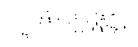
Division of Cor	porations		
SUBJECT: Arc Angel	Enterprises LLC		
SUBJECT. Me Augen	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Cabriel Coope		
	Gabriel Green	Name of Person	
	Arc Angel Enterprises LLC		
		Firm/Company	
	1957 Elliott Drive	<u>.</u>	······································
		Address	
	Clearwater	City/State and Zip Code	
	arcangelenterprises!lc@gma	ail.com to be used for future annual report notif	
			ication)
For further information c	oncerning this matter, please ca	all:	
Gabriel Green		at (727) 4590581	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fce & 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		Street Address: Registration Sec	etion
Registration S Division of C		Division of Con	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



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(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 February 10, 2020 and assigned Florida document number <u>L20000046146</u> 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." 1957 Elliott Drive Clearwater Florida 33763 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Enter Florida street address _, Florida ____

New Registered Agent's Signature, if changing Registered Agent:

Arc Angel Enterprises LLC>

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 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 21 JUH 21	Type of Action
AMBR	Gabriel Green	1957 Elliott Drive Clearwater Florida 33763	🗆 Add
			□Remove
			■ Change
AMBR	Robert Wiley	1957 Elliott drive Clearwater Florida 33763	■Add
		·····	□Remove
			□Change
			□ Add
			□Remove
			Change
			□Remove
			□ Change
		 	🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

amending any other information, enter change(s)	21 JUH -1 PH 1: 32
fective date, if other than the date of filing:	(optional) prior to date of filing or more than 90 days after filing.) Pursuant to 605.02
in effective 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 605.02 pplicable statutory filing requirements, this date will not be listed a
ocument's effective date on the Department of State's reco	ords.
ecord specifies a delayed effective date, but not an effecti	ive time, at 12:01 a.m. on the earlier of: (b) The 90th day after th
is filed.	
ated 05/27/2021	·
Signature of a member or	authorized representative of a member

Filing Fee: \$25.00