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## COVER LETTER

TO:

Registration Section **Division of Corporations** 

Tallahassee, FL 32314

FRANCINE ANGLES LLC SUBJECT: 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: FRANCINE T WEBB Name of Person Firm/Company 5602 SILVER STAR RD APT 640 Address ORLANDO FL 328084361 City/State and Zip Code francinemessam@hotmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 310-0466 FRANCINE T WEBB 32 t Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$60.00 Filing Fee, S25.00 Filing Fee ■ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations** Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FRANCINE ANGLES LLC		- <del>                                     </del>		
(Name of the Limited Liability Comp. (A Florida Limited	nny as it now appears on our records.) Liability Company)	AR TI		
The Articles of Organization for this Limited Liability Company	were filed on 03/04/2020	and assigned		
Florida document number L20000071383		SEE AH IO		
This amendment is submitted to amend the following:		110: 28		
A. If amending name, enter the new name of the limited liab	oility company here:			
FRANCINE ANGELS LLC				
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" of	or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	5602 SILVER STAR RD APT 64	40		
(Principal office address MUST BE A STREET ADDRESS)	ORLANDO FL 328084361			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	5602 SILVER STAR RD APT 6- ORLANDO FL 328084361	40		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter th</u>	e name of the new register		
Name of New Registered Agent:				
New Registered Office Address:				
_ <del>_</del>	Enter Florida street address			
	Flor			
	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	Address	Type of Action
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Effective date, if other If an effective date is listed, to Note: If the date inserted document's effective date.	he date must be spec I in this block doe	eific and cannot be press not meet the app	dicable statutory fi	more than 90 days after	er filing.) Pursuant to 605	6.0207 ( ed as t
e record specifies a delayerd is filed.	ed effective date,	but not an effective	e time, at 12:01 a.r	n. on the earlier of: (	b) The 90th day after	r the
MARCH, 11		2020				
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Typed or printed name of signee