# LZO 000 107842

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000363044180

04/02/21--01025--005 \*\*30.00



Munichs

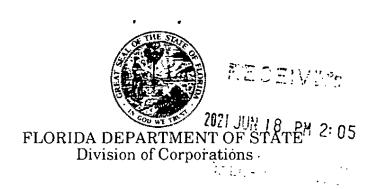
JUN 23 2021 I ALBRITTON

## COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: ANGEL BOON Apparel Lice.  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:
AUCITY EALVAN Name of Person
Angel Baby Apparel UC
4027 Snorewood St
NOVAH POM F1 34286
City/State and Zip Code
For further information concerning this matter, please call:
Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Securificate of Status  Certificate of Status & Certificate o

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



June 5, 2021

AUDREY GALVAN 4027 SHOREWOOD ST NORTH PORT, FL 34286

SUBJECT: ANGEL BABY APPAREL LLC

Ref. Number: L20000107842

We have received your document for ANGEL BABY APPAREL LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity cannot include "CO." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 121A00012278

Irene Albritton Regulatory Specialist II

www.sunbiz.org

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ANGEL BOW A  (Name of the Limited Liability Com (A Florida Limite	DDOY E) UC dany as it now appears on our record d Liability Company)	<u>ds.</u> )
The Articles of Organization for this Limited Liability Compared Florida document number 12000101842	Assets	20,202 and assigned
This amendment is submitted to amend the following:		enter the name of the new registered
A. If amending name, enter the new name of the limited lia  333 The Label Lia  The new name must be distinguishable and contain the words "Limited Lia		C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<del></del>	
Enter new mailing address, if applicable:		8 0
(Mailing address MAY BE A POST OFFICE BOX)		9
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	88
	=	orida
	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
			Add
			□Remove
			☐ Change
			□Add
		***	□Remove
		Change	☐ Change
<del></del>		4	□Add
			□Remove
		*****	□ Change
			□Add
			□Remove
		□Change	Change
			□Add
			□Remove
			□Change
			□Add
			□Remove

			ttach additional she		
<del></del>					
				-	
<u></u> .					
			_		
					<del></del>
				•	<u> </u>
					_
(If an effective date Note: If the dat	if other than the date of is listed, the date must be specifie inserted in this block does ctive date on the Departmen	fic and cannot be prior to date not meet the applicable st	of filing or more than 90 atutory filing requires	(optional) days after filing.) Pursuant to nents, this date will not be	605.0207 listed as
ne record specifie ord is filed.	s a delayed effective date, bu	at not an effective time, at	12:01 a.m. on the ear	lier of: (b) The 90th day a	fter the
Dated _ \( \)	urch 30	. 207.1.			
	^				