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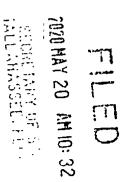
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PICK-UP	WAIT	MAIL
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ertified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporat	ions		
SUBJECT: ANGI.	es TREE		12
	Name of Limi	ited Liability Company	
The enclosed Articles of Amen	dment and fee(s) are sub-	mitted for filing.	
Please return all correspondence	e concerning this matter t	to the following:	
<u>-</u> ,	Angella (Name of Person REE ERY Firm/Company	OKRISONY ICE LUC
	4260 Ne	Address	
	Angi Ebour E-mail address: (t	City/State and Zip Code WED Johoo - Code to be used for future annual report not	33319 (OLA) ification)
For further information concern	•		
ANGENA DONE Name of Person	glas Morris	014 at (954) 86 Area Code Daytin	1 - 9239 ne Telephone Number
Enclosed is a check for the foll	owing 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		Street Address: Registration Se	ction

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

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	OF	7	<i>2</i> 020 HAY	20 AH 10: 32
ANGIES INCE (Name of the Limited Lia (A Flo	ability Compan orida Limited Li	y as it now appears ability Company)	on our records!)	ARY OF 31. 35EE. FT H
The Articles of Organization for this Limited Liability Florida document number \(\bigL \text{LD000/090}\)	ty Company v	vere filed on <u>O</u>	4/12/20.	<u> る</u> and assigned
This amendment is submitted to amend the following				
A. If amending name, <u>enter the new name of the l</u>	limited liabil	ity company her	<u>re</u> :	
The new name must be distinguishable and contain the words "	Limited Liabilit	y Company," the de	signation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1			
(Principal office address MUST BE A STREET AD	DDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registe agent and/or the new registered office address her		Idress on our re	cords, <u>enter the na</u>	ne of the new registered
Name of New Registered Agent:				
New Registered Office Address:			<u> </u>	
		Enter Florid	da street address	
		City	, Florida _	Zip Code
New Registered Agent's Signature, if changing Regist	tered Agent:	. ,		
hereby accept the appointment as registered age rovisions of all statutes relative to the proper an eccept the obligations of my position as registered eing filed to merely reflect a change in the regist ompany has been notified in writing of this change	nd complete p d agent as pr tered office a	performance of r povided for in C	ny duties, and I am hapter 605, F.S. Or	familiar with and , if this document is
	16 Chan-	ing Dogistand &	at Signature of You D	

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>l'itle</u>	<u>Name</u>	Address	Type of Action
MGR	Angella Douglas	Address MORKISON 4260 MID 4350 ST JAUCEBUATE JAKES TO	33319
			□ Remove
			□Add
			□ Remove
			□Change
			□Add
		 	□Remove
			□Change
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ffecti	ive date, if other than the date of filing: (optional)
iote:	ective 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 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
recor	d 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 led.
ated	MAY 13th LOLD
	Angella Dougla MORRISON
	Signature of a member or authorized representative of a member
	$\int_{-1}^{1} - \frac{1}{2} \int_{-1}^{1} \frac{1}{2} \int_{-1}^{1$

Filing Fee: \$25.00