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Y. SCOTT
APR 1 6 2022

COVER LETTER

TO: Registration Section Division of Corpor		
SUBJECT: EC	Name of Limbel Liability Company	
	Name of Limbell Liability Company	
The enclosed Articles of Am	endment and fee(s) are submitted for filing.	
Please return all corresponde	nce concerning this matter to the following:	
	Michelle Lineso Name of Person Face of the State of the	Carlo
	Eccentric Angel LLC	
	To ∞ 1 • • • • • • • • • • • • • • • • • •	(
	43 S. Paverline Rd #632 7 3	
	Address	
	Pompano Beach, FL 33069	
-	Pompano Beach, FL 33069 City/State and Zip Code Angel centric LL (@ mail. com -mail address: (to be used for future annual report notification)	
For further information conc	erning this matter, please call:	
Michelle L	rson at (954) 751-2077 Area Code Daytime Telephone Number	
Enclosed is a check for the for the form of \$25.00 Filing Fee	Offlowing amount: 1. \$30.00 Filing Fee &	o.
	(additional copy is enclosed) Certificate of status	
Mailing Address:	Street Address:	
Registration Sec	tion Registration Section	
Division of Corp P.O. Box 6327	porations Division of Corporations The Centre of Tallahassee	
エスショ ロリス リコムチ	THE CERTIE OF TAHAHASSEE	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Eccentric Anoxel

The Articles of Organization for this Limited Liability Co	mpany were filed on 06	130/2020	_ and assigned
Florida document number L20000 183757			-
Tional document number	·•		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company here:	<u>ن</u>	20
Angelcentric LLC The new name must be distinguishable and contain the words "Limite			22 HA
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the design	nation "LLC" or the abbre	ev izo ron "LL <u>C</u> "." · · · · · · · · · · · · · · · · · · ·
Enter new principal offices address, if applicable:		AS AS	— (
(Principal office address MUST BE A STREET ADDRE	ESS)	 ന്ന	PH 2:
			_
		រា	2
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	- 12 12 12 12 12 12 12 12 12 12 12 12 12		
	 		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our reco	rds, <u>enter the name (</u>	of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enser Florida .	street address	
		Florida	
	Ciņ [.]		Zip Code
New Registered Agent's Signature, if changing Registered	Agent:		
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and conaccept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete performance of my ent as provided for in Cha	duties, and I am far pter 605, F.S. Or, if	niliar with and this document is
	If Changing Registered Agent	Signature of New Regis	tered 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

Title	<u>Name</u>	Address	Type of Action
\			□ Add
			□Remove
			□ Change
			□Add
			_ □Remove
		SECTETAL AND	Change Change
		SHASSEE, TATE	3 9 8
		ш. <u>си</u>	□Change
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	7022 772
	DOZZ HAR TALLLA
	2: 35 FINE 2: 35
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ective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date of filing or more than te: If the date inserted in this block does not meet the applicable statutory filing require cument's effective date on the Department of State's records.	
peord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the estilled.	earlier of: (b) The 90th day after th
March 23rd 2022	→
Signature of a member or authorized representative of a me	wher