L20000191213

(Requ	estor's Name)	
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Special Instructions to Fili	ing Officer.	



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Office Use Only

US 12/20

COVER LETTER

SUBJECT: 1704 ANGLE 12d, LLC Name of Limited Liability Company	
Name of Chinica Elability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
DEBRO AGRETINE	
DEBRA AGOSTINO Name of Person	
PILES HOLDINGS ILG	
PUFF HOLDINGS, LLC Finn/Company	
1050 SW COWK400 AVE	
Address	7 3 1 3 15 3
PONT SAINT WUR, FC 34953 City/State and Zip Code	223.00 2
City/State and Zip Code	· 2
E-mail address: (to be used for future annual report notification)	
E-mail address: (to be used for future annual report notification)	F: 2: -
For further information concerning this matter, please call:	(1)
DEBRA AGOSTING at (772) 215-6958 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing	g Fee,
Certificate of Status Certified Copy Certificate of Certificate of Certificate of Certified Copy is enclosed) Certified Copy C	
(additional copy is enclosed) (additional cop	

TO:

Registration Section Division of Corporations

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1104 ANGUE 12a,	<u>uc</u>		
(Name of the Limited Liability Compar (A Florida Limited L	iability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000191213</u>	were filed on	01/01/2	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company her	<u>c</u> :	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the des	ignation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			. :
			67
	•		-2
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
			7, 3
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:		cords, enter the	name of the new registered
	_		
	City	, Florida	a Zip Code
New Registered Agent's Signature, if changing Registered Agent:	·		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of <mark>n</mark> rovided for in Ch	ny duties, and I c napter 605, F.S.	am familiar with and Or, if this document is

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
AMBR	POFF LLC W20000 121 538 "ALLEADY NEGO"	PORT SAINT WORE, FE 349	□ Add
AMBR	PUFF HOLDINGS, LLC LZ0000 322305	PORT SAINT WORE, FOR 349	: [Add
	<u>-</u>	· · · · · · · · · · · · · · · · · · ·	Remove
			☐ □Change
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	prior to date of filing or more than 90 days after filing.) Pursuant to 60 oplicable statutory filing requirements, this date will not be lis
ord specifies a delayed effective date, but not an effecti filed.	ve time, at 12:01 a.m. on the earlier of: (b) The 90th day aft
$\frac{10-28}{20}$	<u>20</u> .
(/// LEV)	authorized representative of a member