

L20000274442

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

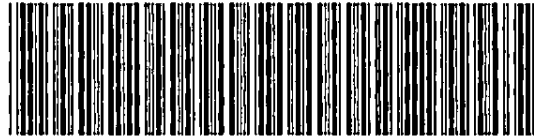
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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O SIMMONS
MAR 08 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ANGELS BEACHWEAR LLC

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:

GILBERTO RIVERO

Name of Person

Firm/Company

5712 WHITE HICKORY CIR

Address

TAMARAC, FL 33319

City/State and Zip Code

ADMINISTRATOR@ANGELSBEACHWEAR.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GILBERTO RIVERO

at (786) 7634737

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

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

NED

ANGELS BEACHWEAR LLC

[Faint handwritten notes at the bottom of the page]

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

(Mailing address MAY BE A POST OFFICE BOX)

Enter Florida street address

Florida

Cin.

Zip Code

If Changing Registered Agent, Signature of New Registered Agent

2021 JAN 26 PM 5: 11

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
CEO	WIRLIANYS GUTIERREZ	5712 WHITE HICKORY CIR TAMARAC, FL 33319	<input type="checkbox"/> Add
		TAMARAC, FL 33319	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	WIRLIANYS GUTIERREZ	5712 WHITE HICKORY CIR	<input checked="" type="checkbox"/> Add
		TAMARAC, FL 33319	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

2021 JAN 26 PM 5:11

STATE OF NEW YORK

DEPARTMENT OF STATE

CLERK OF THE CLERK

100 NASSAU ST.

NEW YORK, N.Y. 10038

1-800-455-6838

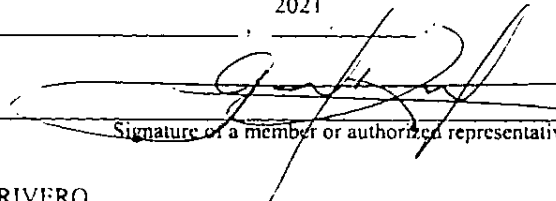
1-212-462-6000

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E. Effective date, if other than the date of filing: _____ (optional)
(If an effective 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 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated JANUARY 21ST, 2021



Signature of a member or authorized representative of a member

GILBERTO RIVERO

Typed or printed name of signee