

L20 000 380 149

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

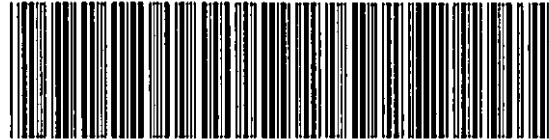
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

A. RIVERS  
DEC 16 2022



700394201807

03/23/22--0115--017 --90.11

202 SEP 23 PM 12:45  
CLERK OF STATE  
ED

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Archangel Consulting 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:

Bryan Sanford  
Name of Person

Archangel Consulting LLC  
Firm/Company

9615 Westover Club Cir  
Address

Windermere, FL 34786  
City/State and Zip Code

BryanSanford83@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bryan Sanford at (903) 965-6274  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Archangel Consulting LLC

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

The Articles of Organization for this Limited Liability Company were filed on 12/04/2020 and assigned Florida document number L20000380149

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

American Family Home Care LLC

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

**Enter new principal offices address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

9615 Westover Club Cir

Windermere, FL 34786

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

9615 Westover Club Cir

Windermere, FL 34786

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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>	<u>Address</u>	<u>Type of Action</u>
--------------	-------------	----------------	-----------------------

\_\_\_\_\_ ☐ Add

[Remove](#)

\_\_\_\_\_ ☐ Change

\_\_\_\_\_ ☐ Add

☐ Remove

\_\_\_\_\_ ☐ Change

\_\_\_\_\_ ☐ Add

[Remove](#)

\_\_\_\_\_ ☐ Change

FIGURE 6. [Downloaded from www.sagepub.com at NANYANG TECH UNIV LIBRARY on June 11, 2015](#)

[Remove this item](#)

\_\_\_\_\_ ☐ Change

\_\_\_\_\_ ☐ Add

[Remove](#)

\_\_\_\_\_ ☐ Change

☐ Add

[Remove](#)

[Change](#)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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)

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.

Signature of a member or authorized representative of a member

Typed or printed name of signee