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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO:

Registration Section

Division of C	Corporations		
CHLOE	TEE ANGELS LLC		
SUBJECT:	Name of Lin	nited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	TANIESHA SAMMS		
	- 27-	Name of Person	
	CHLOTEE ANGELS, LL	С	
		Firm/Company	<u> </u>
	4262 NW 38TH AVE		
	-	Address	
	CHLOTEE ANGELS, LLC Firm/Company 4262 NW 38TH AVE Address LAUDERDALE LAKES, FL 33309 City/State and Zip Code CHLOTEECORP@GMAIL.COM F-mail address: (to be used for future annual report notification) further information concerning this matter, please call: SIESHA SAMMS Name of Person at (
			
For further informatio		·	rincation)
TANIESHA SAMMS		954 591-5667	
Nam	e of Person		me Telephone Number
Enclosed is a check fo	r the following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Registratio	n Section		ection
Division of P.O. Box 6	Corporations	Division of Co The Centre of	-
	s. FL 32314		rananassee oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CHLOCTEE ANGELS			· · · · · · · · · · · · · · · · · · ·	
(Name of the Lim	(A Florida Limited	any as it now appears o Liability Company)	<u>n our reçords.</u>)	
The Articles of Organization for this Limited I	Liability Company	were filed on $\frac{12/(21)}{2}$	1/2020	and assigned
This amendment is submitted to amend the fol	llowing:			
A. If amending name, enter the new name	of the limited liah	oility company here	:	
CHLOTEE ANGELS LLC				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the desig	gnation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	4000 N. STATE R	OAD 7	
Principal office address MUST BE A STRE		STE: 409D		
		LAUDERDALE L	AKES, FL 33309	
Enter new mailing address, if applicable:		4262 NW 38TH A		
Mailing address MAY BE A POST OFFICE	<u>: BUX)</u>			-G
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our reco	ords, enter the na	me of the new registe
Name of New Registered Agent:				<u> </u>
New Registered Office Address:	4000 N STATE	EROAD 7		3 001
		Enter Florida	street address	
	LAUDERDAL	E LAKES	, Florida <u>3</u>	3309
		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 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
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			□Remove
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