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2024 MAY 15 PM 12: 35

COVER LETTER

TO: Registration Section
Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

ARCHANG	GEL SIGNATURE TESTING	SERVICES LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Angeline Pascal		
		Name of Person	
		Firm/Company	
	5465 ARPANA DR		
		Address	
	Orlando FL 32839		
		City/State and Zip Code	
	ONENOTARYPUBLICS@	GMAIL.COM to be used for future annual report notif	
For further information c	concerning this matter, please c		icanon
Angeline Pascal		321 805-9201 at ()	
Name o	f Person	Area Code Daytime	: Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration		Street Address: Registration Sec	etion

Division of Corporations
The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARCHANGEL SIGNATURE TESTING SERIVES I	_LC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny <mark>as it now appears on our records.</mark> Liability Company)	(,
The Articles of Organization for this Limited Liability Company	were filed on 03/26/2021	and assigned
lorida document number L21000143330		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liab	ility company here:	
ARCHANGEL SIGNATURE TESTING SERVICES LLC		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	1685 LEE ROAD	2024
Principal office address MUST BE A STREET ADDRESS)	SUITE 210	= 7
	WINTER PARK FL 32789	
		- M
nter new mailing address, if applicable:	5465 ARPANA DR	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)	ORLANDO FL 32839	프린 선
. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter t</u>	he name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
	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>	Address	Type of Action
			□Add
			□Remove
			□ Change
			□ Add
			□Remove
			☐ Change
			Remove
			□Change
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E ffect If an ef	ive date, if other than the date of filing:
docum	rd 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 led.
docum e recor rd is fi	led.
docum e recor rd is fi	APRII 22
docum e recor rd is fi	APRIL 22 , 2024 .
docum	led.

Filing Fee: \$25.00