LZ1000301504

(Re	questor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



800379599728



22 // 10 (1) 3: 10

T. MATTHEWS JAN 26 2022

COVER LETTER

TO:

CHAIRCE	WEIGHTE	ED ANGEL LLC	
SUBJECT:	Name of Lim	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:	
		Sonia Becerra	
		Name of Person	
	BJECT: Name of Limited Liability Company		
	•	Firm/Company	
		3 Greenway Plaza #1320	
	······································	Address	
		Houston, TX 77046	
		City/State and Zip Code	
For further information		•	ancation)
Tot totale, another	n concerning and matter, preuse e		
		at ()	
Nam	e of Person	Area Code Daytii	ne Telephone Number
Enclosed is a check fo	r the following amount:		
№ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Registratio Division of P.O. Box 6	n Section f Corporations 327	Registration So Division of Co The Centre of 2415 N. Monro	orporations Tallahassee oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WEIGHTED ANGEL LLC

22 11 13 11 3: 13

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

(A Florida Limited Liability Company) 06/30/2021 The Articles of Organization for this Limited Liability Company were filed on ___ and assigned Florida document number ___L21000301504 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Christopher Glandon Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

Cirv

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
AP	Skye L Glandon	4511 LAKESHORE AVE	
		SPRING HILL, FL 34606	X IRemove
			□ Change
AP Chris Glandon	Chris Glandon	4511 LAKESHORE AVE	X 'Add
		SPRING HILL, FL 34606	□Remove
			□Change
			□Add
			□Remove
			□ Change
		·	□Add
			□Remove
		,	□ Change
			🗆 Add
			□Remove
			□ Change
			□Add
			□ Remove
			□Change

_	
_	
_	
	-
_	
_	
_	
_	
_	
If an effe Note:	tre date, if other than the date of filing:
e record rd is file	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 ed.
Dated _	December 28. 2021
,	« Ohne
4	Signature of a member or authorized representative of a member