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Y. SCOTT FEB 16 2022

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Co	rporations		
SHLOIME	S LLC		
SUBJECT:	Name of Lim	nited Liability Company	···
The continued Aminton of	A	missad for filing	
	Amendment and fec(s) are sub		
Please return all correspo	ondence concerning this matter	to the following:	
	LIRON MELLER		
		Name of Person	2022 FEB - 7 PH 3: 06 STATE STATE STATE STATE
		Firm/Company	B F
	21218 sT ANDREWS BL	VD #648	T PR
		Address	संह द
	BOCA RATON, FL 3343.	3	17 G
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	lironmeller@yahoo.com E-mail address: 6	to be used for future annual report notif	ication)
For further information of	concerning this matter, please c	•	
liron meller		561 668-7623	
Name o	f Person	Area Code Daytimo	e Telephone Number
Enclosed is a check for t	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 Addres		Street Address: Registration Sec	etion
Division of C		Division of Con	
P.O. Box 632	•	The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SHLOIMES LLC		
(Name of the Limited Liability Com (A Florida Limite	npany as it now appears on our recor ed Liability Company)	rds.)
The Articles of Organization for this Limited Liability Compa	ny were filed on 7/14/2021	and assigned
Florida document number L21000320913		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
THE VOICE OF ANGELS LLC		
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		S 202
Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		0
Enter new mailing address, if applicable:		Sign P 5
Mailing address MAY BE A POST OFFICE BOX)		11 O
		(E
3. If amending the registered agent and/or registered offic	ce address on our records, <u>ente</u>	r the name of the new register
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	PSS
	, F	Torida
	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
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Effectiv	ve date, if othe	r than the da	te of filing	g:			(optio	nal)		
Note: I	If the date insert	ed in this block	does not n	neet the appl	icable statuto	ng or more than 90 ry filing require) days after nents, this	filing.) Pu date wil	rsuant to I not be	605.0207 listed as
docume	ent's effective da	ite on the Depa	rtment of S	tate's record	ls.					
e record rd is file		yed effective da	ite, but not	an effective	time, at 12:0	l a.m. on the ear	lier of: (b)	The 90)th day	after the
Dated _	FEBRUARY 2N	iD j		2022						
2/21/2/1			·	·	·					

Typed or printed name of signee

JENNIFER V MELLER