

L21000406414

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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10/20/21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FILED

T.A.S.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Angelamico, 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:

Heather Rodriguez
Name of Person

Firm/Company

9499 EQUUS Circle
Address

Boynton Beach, FL 33472
City, State and Zip Code

h1983185@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Heather Rodriguez at (Su1) 779-2022
Area Code Daytime Telephone Number

Enclosed is a check for:

\$25.00 Filing Fee

Filing Fee,
Certificate of Status &
Certified Copy
(Additional copy is enclosed)

Filing Fee,
Certificate of Status &
Certified Copy
(Additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 1624
Tallahassee, Florida 32304

Street Address:
Rm. 100
D
Tallahassee, Florida 32304

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

One of the Limited Liability Company as it now
(A Florida Limited Liability Company)

The Article _____ Limited Liability Company were filed September 13, 2021 and assigned
Florida document number L21000406414.

This amendment _____ recommend the following:

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

The new name _____ shall be and contain the words "Limited Liability Company" and the abbreviation "L.L.C."

Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address may be an OFFICE BOX)

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**B. If amending the registered agent and/or registered office address on
agent and/or the new registered office address here:**

of the new registered

Name of New Registered Agent: _____

New Registered Office Address: _____

Zip Code

New Registered Agent and Changing Registered Agent:

I hereby accept the provisions of the _____ and agree to comply with the provisions of the _____ to the proper _____
I accept the obligations of the _____ as registered agent and agree to comply with the provisions of the _____
being filed to _____ in writing of this change
company has _____
_____ provided;
_____ address. I hereby

_____ to comply with the
_____ with and
this document is
_____ liability

If Changing Registered Agent

Registered Agent

If amending or removing records: Name, enter the title, number Address of each action added

MGR = Manager
 AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>action</u> |
|--------------|-----------------|--------------------------|--|
| AMBR | Angela Bromberg | 78666 Emerald Winds | <input type="checkbox"/> Add |
| | | Circle Boynton Beach, FL | <input type="checkbox"/> Remove |
| | | 33473 | <input checked="" type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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