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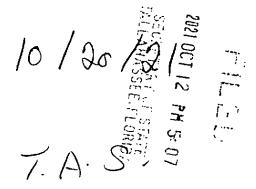
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## **COVER LETTER**

•	С	OVER LETTER	
TO: Registration Sec Division of Corp			
SUBJECT:	ngelanico, LLC	d Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subm	itted for filing.	
Please return all correspon	ndence concerning this matter to	the following:	
4.00	1-leather P	Odr Juc Z Name of Person	
		Firm/Company	
	9499 E	EQUUS CIrcle	
		ich FL 33472 City State and Zip Code  5 @ hotmail. Com be used for future annual report notifi	
For further information es			Callen
Heather	Rodriguez	at ( <u>SQ1</u> ) <u>779-7</u> Area Code Daytime	022 Telephone Number
Enclosed is a cho	Fig. X one of Status	1 ,550 cs	Filing Fee. ficate of Status & fied Copy mal copy is enclosed)
Mailing Address Registration 8 Division of UP.O. Box 10 Tall	section o parations	<u>St.s.</u> ) - ( ) Rs D i	

## ARTICLES OF AMENDMENTO ARTICLES OF ORGANIZOR

one of the Limited Liability Company as it now (A Florida Limited Liability Cov.).

The Article	Limited Liability Comp	pany were file SCREMbe	(13, 202) and assigned
Florida docu	L21000406414		
This amendus	erespond the following:		
A. If amending nan	ne, enter the new name of the limited	liability com	
The new name	'Me and contain the words "Limited	Liability Company	observation "L.L.C."
Enter new proncipal	The saddress, if applicable:	<del></del>	
(Principal offer old)	ress MUN <u>T BE A STREET ADDRES</u> .	<u> </u>	2021 OCT
Enter new mass	-plicable:		22 2
(Mailing addre	: <u>OFFICE BOX)</u>		
			- 100 G
	registered agent and/or registered of v-registered office address here:	fice address on	of the new registered
Name of No	w Registered Agent:		
<u>New R</u> c	· Ad <u>dress</u> :	·	
		·	Zip Code
New Register	nging Registered Ag	<u>gent:</u>	
I hereby ace provisions of accept the obbeing filed to company ha	es to the proper a continuous registere at a change in the registere at a change of this change	jaovided j Bac address, I har	e to comply with the viliar with and this document is valiability
	īr	Changing Registered Ages	tered Agent

If amending or removed to	ed Person(s) authorized	nage, enter the title, nor	dress of eacl	n <u>g added</u>		
MGR = Manager AMBR = Authorized Member						
<u>Title</u>	Name	Address		tion		
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D. If amending any other	information, enter change(s) here: tAttach ad.	(Fy.)
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<ul> <li><u>Note:</u> If the date inserte</li> </ul>	the date of filing:  the date must be specific and cannot be prior to date of filing or more than this block does not meet the applicable statutory filing to see the on the Department of State's records.	a suam to 605.0207 (3)(b I not be listed as the
If the record sp. 1 record is filed	eve date, but not an effective time, at $12^{i\alpha_1}$ ( $i=1,\dots,n$ )	day after the
Dated OCTOBER	Signature of a member or contative of a member	
<i>U</i>	Signature of a member or cutative of a member	
_Heath	ne Rodriguez Typed or	