L21000485862

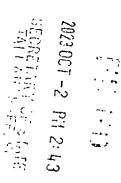
(Requestor's Name)
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COVER LETTER

	gstration Se ision of Cor		• •					
SUBJECT:	3 ANGELS							
SUBJECT:		Name of Lin	nited Liability Company	·				
The enclosed	l Articles of	Amendment and fee(s) are sub	omitted for filing.					
Please return	all correspo	ondence concerning this matter	to the following:					
		GABRIEL BUITRAGO						
			Name of Person					
			Firm/Company		20: St			
		4474 WESTON ROAD S			2023 OCT -2 PH 2: 44 SECRETARY STAINS TALL STAINS			
			Address		- 122 - 12 - 122 - 12			
		WESTON, FL 33331) - <u>-</u>			
			City/State and Zip Code					
		E-mail address: (to be used for future annual report noti	fication)				
For further in	iformation e	oncerning this matter, please c	all:					
			at ()	e Telephone Number				
	Name o	f Person	Area Code Daytim	e Telephone Number				
Enclosed is a	check for th	ne following amount:						
≡ \$25.00 F	filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &			
	iling Addres		Street Address:	ation				
	gistration S ision of C	section orporations	Registration Section Division of Corporations					
P.C). Box 632	7	The Centre of T	allahassee				
Tal	lahassee, I	:L 32314	2415 N. Monro	e Street, Suite 8	10			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3 ANGELS, LLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Comp. Florida document number $\frac{L21000485862}{L21000485862}$.	any were filed on NOVEMBER 10, 2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		202 SEI
(Principal office address MUST BE A STREET ADDRESS	2	RED ALIA
Enter new mailing address, if applicable:		PH 2
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ce address on our records, <u>enter the nar</u>	ne of the new register
Name of New Registered Agent:		·
New Registered Office Address:	Enter Florida street address	
	, Florida	
	, Florida	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>	Name	Address	Type of Action
MGR	DIEGUEZ & ASSOCIATES, PLLC	7950 NW 155 STREET SUITE 207	🗀 Add
		MIAMI LAKES, FL 33016	≣Remove
			□Change
MGR	GABRIEL BUITRAGO	4474 WESTON ROAD SUITE 223	≣ Add
		WESTON, FL 33331	□Remove
			□ Change
			□Add
			2000 OCT Change
			□ Remove □ Change
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		\preceq	Signature of	a mambi	or or autho	rinal range		<i>2</i>			 -	
_			Signature of	a memix	ci or autim	nzeu rejne	sentative (n a memo	ar .			

Filing Fee: \$25.00