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| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
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| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

| TO: Registration Security Division of Corp | | | |
|--|---|--|---|
| SUBJECT: Ang | el 5 Floor Name of Lim | ted Liability Company | LLC_ |
| The enclosed Articles of a | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ndence concerning this matter | to the following: | |
| | Angel | Dero ZU Name of Person | |
| | | Firm/Company | |
| | 139 K | Larry D |)[2. |
| | Panamo Perozuar | City/State and ZipyOode Kel 456 a Cu to the used for future annual report novi | _ 32404 mail. Com |
| For further information economic Name of | oncerning this matter, please co | all: \$50 | 00-7360 e Telephone Number |
| Enclosed is a check for th | e 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) |
| Mailina Addrawa | | Second Address | |

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Angels floor & More UC 2022 HAR 28 OM 6-25

| (Name of the Limited Liabi | lity Company as it now appears on ouda Limited Liability Company) | rrecords: 7 28 AM 6: 35 |
|---|---|--|
| (A FIOTIC | ua Limited Liability Company) | SECRETARY OF STATE 1 PD HASSEE and assigned |
| The Articles of Organization for this Limited Liability | Company were filed on | A SSEE and assigned |
| Florida document number <u>LZ1000 49 6</u> 1 | <u>8</u> 19 | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the lin | nited liability company here: | |
| The new name must be distinguishable and contain the words "Lit | mited Liability Company," the designation | on "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADD | (DECC) | |
| Trincipal office dadress SIOST BE A STREET ADD | <u> </u> | |
| | | |
| _ | | |
| Enter new mailing address, if applicable: | | · · · · · · · · · · · · · · · · · · · |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| B. If amending the registered agent and/or registere agent and/or the new registered office address here: | | enter the name of the new registered |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida stree | t address |
| | | EL 11 |
| | | _ , Florida |

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 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 |
|--------------|--------------|---------------------------------|----------------|
| MGR | Eswin Javier | 143 Santee Dr. Panama City F | X Add |
| | Cruz-Amaya | Panama City F | Remove |
| | | 32404 | Change |
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| m eff <u>ote:</u> | ve date, if other than the date of filing: (optional) (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records. |
| ecore | d 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. |
| ited . | 3/21/22 |
| | |
| | Signature of a member or authorized representative of a member |