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| (Requestor's Name) | |
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| (Address) | |
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| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | |
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| (Business Entity Name) | |
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| Certified Copies Certificates of Status | |
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| Special Instructions to Filing Officer: | |
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SECRETARY OF STATE
TALL AHASSES

COVER LETTER

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

AngDelights and More SUBJECT: 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: Angela Wright Name of Person AngeDelights and More Firm/Company 29851 Anahid drive Address Leesburg FL 34748 City/State and Zip Code a2wright@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 968-2061 Angela Wright Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25,00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: **Mailing Address:** Registration Section Registration Section **Division of Corporations Division of Corporations** The Centre of Tallahassee P.O. Box 6327

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability Compa (A Florida Limited | ny as it now appears on our recor | rds.) |
|---|-------------------------------------|----------------------------------|
| (A Florida Limited) | Liability Company) | |
| ne Articles of Organization for this Limited Liability Company were filed on 12/06/2021 | | and assigned |
| Florida document number 1.21000515525 | | |
| florida document number | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company." the designation "Ll. | .C" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | 2022 52 C |
| (Principal office address MUST BE A STREET ADDRESS) | | 7 CR 0 **** |
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| | | Ø= □ ™ |
| Enter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX) | | |
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| | address on our records, ente | 8 PH 2: 03 |
| amending the registered agent and/or registered office and/or the new registered office address here: | address on our records, <u>ente</u> | er the name of the new regi |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | . <u></u> |
| | Enter Florida street addr | ess |
| | | Florida |
| | Cin | 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

| Title. | <u>Name</u> | Address | Type of Action |
|-----------|---------------|--------------------------------------|--|
| AP · | Sylvia Wright | 3615 Umbrella et Tavares FL 32778 | □ Add |
| | | | Remove |
| | | | □Change |
| MGR | Angela Wright | 29851 Anahid drive Leesburg FL 34748 | = Add |
| | | | □Remove |
| | | | Change |
| <u>AP</u> | Sylvia white | 3615 Umbrella CT Tavara | os FL □Add |
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| fan effec <mark>Note:</mark> H | date, if other than the date of filing: | 95.020 sted as |
| record d is file | pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after | er the |
| | October 12 2022 | |
| | | |
| | | |
| Dated _ | Signature of a member or authorized representative of a member | |