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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Angie's House of Limited Liability Company Support Su
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Angela Plingle Name of Derson
Angie's House of Laughs
17771 Alantation blvd 38 8
nuramar Florida 33023
City/State and Zip Code
For further information concerning this matter, please call;
Area Code Person at 951 - 4203  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee SCertificate of Status Certified Copy (additional copy is enclosed)  \$50.00 Filing Fee SCERTIFICATE COPY (additional copy is enclosed)  \$60.00 Filing Fee SCERTIFICATE OF Status SCERTIFICATE OF STATUS STATUS CERTIFICATE OF STATUS SCENE CERTIFICATE
Mailing Address:  Registration Section  Division of Corporations  Street Address:  Registration Section  Division of Corporations

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

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Argic's 14045	ed Liability Compar	v as it now appears	on our records.)		
	ability Company			and as	ssigned
This amendment is submitted to amend the follow	owing:				•
A. If amending name, enter the new name of	the limited liabi	lity company hero	<u>e</u> :		`.
Enter new principal offices address, if applica	able:		gnaron ELC or ti	S 202)	
Enter new mailing addrage if applicable					-
(Mailing address MAY BE A POST OFFICE I	<u>BON)</u>				
B. If amending the registered agent and/or reagent and/or the new registered office address	ent is submitted to amend the following:  Ing name, enter the new name of the limited liability company here:  In a distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  Incipal offices address, if applicable:  In a diling address, if applicabl				
Name of New Registered Agent:	Argel	a Pilir	rge		<u>.</u>
New Registered Office Address:	777	VCinto Enter Florid	iton b	<u> </u>	<del></del>
	nuicu	Civ.	, Florida	3307 Ziv Code	3

## 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.

City

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
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