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To:

Division of Corporations

Fax Number : (850)617-6383

From:

က်

Account Name : GUIDA AND JIMENEZ, P.A.

Account Number : I20100000037

Phone : (813)933-2336

Fax Number : (813)935-8721

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ANGELO REAL ESTATE SERVICES, LLC

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January 18, 2023

FLORIDA DEPARTMENT OF STATE

ANGELO REAL ESTATE SERVICES, LLC Division of Corporations 4011 HUDSON TERRACE TAMPA, FL 33618

SUBJECT: ANGELO REAL ESTATE SERVICES, LLC

REF: L22000020862

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The electronic filing cover sheet submitted with your document reflects the incorrect type of document. The cover sheet must reflect the type of document you are filing. Please generate a new fax audit cover sheet under the appropriate document type. When resubmitting your document for filing, please also send a copy of the incorrect cover sheet marked "ABANDONED".

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden

Claretha Golden FAX Aud. #: H23000017931 Regulatory Specialist II Letter Number: 423A00001234

P.O BOX 6327 - Tailahassee, Florida 32314

## TO ARTICLES OF AMENDMENTO ARTICLES OF ORGANIZATION OF

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Angelo Real Estate Servi (Name of the Limited Liability Comp	nany as it now appears on our records.) Liability Company)	·
The Articles of Organization for this Limited Liability Company	and assigned	
Florida document number L22000020852		•
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	bility company here:	
Michael A. Rossi, LLC		•
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4011 Hudson Terrace	<b>~</b> 3
(Principal office address MUST BE A STREET ADDRESS)	Tampa, FL 33518	
		<u>2</u>
	,	8
Enter new mailing address, if applicable:	4011 Hudson Terrace	77
Mailing address MAY BE A POST OFFICE BOX)	Tampa, FL 33618	
·		ិ ហ រក ហ្គ
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the n	ame of the new regist
Name of New Registered Agent:	NA	
New Registered Office Address:	NA	
	Enter Florida street address	
· 	, Florida	
	City .	Zip Code
ew Registered Agent's Signature, if changing Registered Agent:		
hereby accept the appointment as registered agent and agre- provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p eing filed to merely reflect a change in the registered office to	performance of my duties, and I at provided for in Chapter 605, F.S. C	n familiar with and Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

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company has been notified in writing of this change.

	g Authorized Person(s) horized from our records:	·		
MGR = M $AMBR = A$	lanager authorized Member	H23000021987 3	H23000017931 3	
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If an effective date is lis <u>Note:</u> If the date ins	other than the date of filing: _ sted, the date must be specific and can serted in this block does not meet e date on the Department of State	not be prior to dat the applicable :	te of filing or more statutory filing r	than 90 days equirements	optional) after filing ) Pu s, this date will	rsuant to (	605.0201 listed as	(3)( the
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