## L22/00/128320

· <del></del>	(Requestor's Name)
	(Address)
· · · ·	(Address)
	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
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	Office Use Only



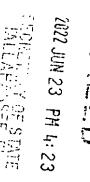
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## **COVER LETTER**

TO: Registration Section Division of Corporation				
Care Ri	. Na Ancel 11C			
SUBJECT: CAYO DU	An Angel, LLC Name of Lim	ted Liability Company		<del></del>
The enclosed Articles of An	nendment and fee(s) are subr	nitted for filing.		
Please return all corresponde	ence concerning this matter t	to the following:		
	Sharsnik D	Name of Person		
	Cares By Ar			
		Firm/Company		
	P.O. BOX 1	Address		
	Havang, 1	FL 32333 City/State and Zip Code		
		© Com Ca St. N		
For further information con	cerning this matter, please ca			
3 harsnik Old Name of P	key	at (SSC) Area Code	554-0065	
Name of P	erson <sup>1</sup>	Area Code	Daytime Telepho	one Number
Enclosed is a check for the	following amount:			
SS \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy tadditional copy is en		\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Se	ction		Address: ration Section	
Division of Cor		Divisi	on of Corporation	
P.O. Box 6327 Tallahassee, El	32314		entre of Tallaha N. Monroe Stree	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Caves By An Angelia	CC pupper as it has appears on our records t
(A Florida Limit	mpany as it now appears on our records.) ted Liability Company)
The Articles of Organization for this Limited Liability Comparing document number <u>L22060128320</u> .	any were filed on 311712622 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited l	iability company here:
N A	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NIA
(Principal office address MUST BE A STREET ADDRESS	2
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our records, enter the name of the new registered
Name of New Registered Agent:	NIA
New Registered Office Address:	Enjet Florida street address
	. Florida
	City Zıp 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 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	Name	Address	Type of Action
SVP_	Thanka Milorvey	P.O. Box 1069	□Add
		Havana, FL. 32333	<b>∑</b> Remove
			[] Change
	Sharsnik Dickey	P.O. BOX 1069	X9Add
		Havana, FL 32333	□Remove
			*GChange
			□ Add
			□Remove
· · · · · · · · · · · · · · · · · · ·			□Add
			□Remove
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			□Remove
			□Change

<del>_</del>	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<del></del>	
(If an effective Note: If the	date, if other than the date of filing: 3117/2022 (optional) redate 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the seffective date on the Department of State's records.
he record spectral is filed.	secifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	le   23 . 2022
	Signature of a number or authorized representative of a member
	Sharshile Dickey  Typed or printed name of signee

Filing Fee: \$25.00