LZZ 000129992

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



06/08/22--01016--005 ++25.00

AUG 2 3 2022 3. PRATHER

COVER LETTER

•	
TO:	Registration Section
	Division of Corporations

3ANGLE LLC

SUBJECT: _____

ł

Y

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for tiling.

Please return all correspondence concerning this matter to the following:

JOSE PENA TORRES

Name of Person

Firm/Company

2501 57TH ST W

Address

LEHIGH ACRES, FL 33971

City/State and Zip Code

3ANGLE.CONNECT@GMAIL.COM

E-mail address: (to be used for future annual report notification)

239

Area Code

at (____

8983815

For further information concerning this matter, please call:

JOSE PENA TORRES

Name of Person

Enclosed is a check for the following amount:

🔳 \$25.00 Filing Fee

Certificate of Status

\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy tadditional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Davtime Telephone Number

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Zip Code

2022

3ANGLE LLC	any as it now appears on our records.)
	any as it now appears on our records)
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 1.22000129992	any as it now appears on our records.) $\square = \square$ Liability Company) $\square = \square$ ' were filed on $\frac{0.3/15/2022}{\Box}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	<u>vility company here</u> :
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida

New Registered Agent's Signature, if changing Registered Agent:

١

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, <u>enter the title, name, and address of each person</u> being added <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

.

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	JOSE F PENA TORRES	2501 57TH ST W LEHIGH ACRES, FL 33971	⊡Add
			Remove
			Change
AMBR	GILMARIS ORTIZ BERRIOS	2501 571'H ST W LEHIGH ACRES, FL 33971	□Add
			🗆 Remove
			EChange
VP	SEBASTIAN E PENA ORTIZ.	2501 57TH ST W LEHIGH ACRES, FL 33971	🗆 Add
			🔳 Remove
			□Change
			🗆 Add
			□Remove
			Change
			🗆 Add
			🗆 Remove
			🗆 Change
			🗆 Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

. •

JOSE PENA TORRES

٠

			_
	06-03-2022		
E. Effect	ive date, if other than the date of filing: (optional context) (optional context)	al)	
(II an ef Note	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after fili If the date inserted in this block does not meet the applicable statutory filing requirements, this date	ng.) Pursuant to	605.0207 (3)(b) listed as the
	ient's effective date on the Department of State's records.	ac win not be	listed as the
If the reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b)	The 90th day a	ifter the
record is fi	ilea.		~2
			8- NNF 2202 711
Dated	06-03-2022	<u>}</u>	<u>ب</u>
		A	X
	1 total	m m 	N-8 P
	Signature of a member or authorized representative of a member	<u> </u>	
		<u>, , , , , , , , , , , , , , , , , , , </u>	

Typed or printed name of signee

6: 24

RIC