

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000394813 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number

: (813)436-5206

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

Email	Address:				

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KIK LOANS LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

K. SALY

-DEC---3-2024--

Electronic Filing Menu Corporate Filing Menu

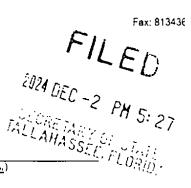
Help

11/29/2024 08:40.02 PST

To: 18506176383

Page: 2/4

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



KIK LOANS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company Florida document number <u>L22000173191</u>	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
ANGEL LOANS LLC		
The new name must be distinguishable and contain the words "Limited Liabiti	ty 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:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a	ddress on our records, enter	the name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	NY .
	. F)	orida
	City	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.

11/29/2024 08:40:02 PS

Ta: 18506176383

Page: 3/4

Fax: 813436520

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>	Name	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
			To Demove T
			De Change FA S. 21
			□Remove
			ПСнипде
			□Remove
			Change
			□Add
			⊔Remove
÷			□Change
			⊡Remove
			Change.

11/29/2024 08:40·02 PST . To: 18506176383 Page: 4/4 Fax: 81343

				7	TI TEC
					ECT2
					75
		,			
		<u>-</u>			
(If an effective date is If Note: If the date in	other than the date of sted, the date must be speci serted in this block does e date on the Departmer	fic and cannot be prior t not meet the applica	o date of filing or more the ble statutory filing requ	(optional) on 90 days after fiting.) Pur nirements, this date will	suant to 605,0207 (3)(b) not be listed as the
_		ut not on effect un tim	re at 12:01 a.m. on the	carlier of: (b) The 90	ith day after the

Typed or printed name of signee