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SECRETARY OF STATE

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CHDIECT.	Eternal Ang	els Transportation LLC	•	•	<b>*</b> *			
SUBJECT:	·	Name of Lim	ited Liability Company	<u></u>		-		
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please retur	n all correspo	ndence concerning this matter	to the following:					
		Ciara Faison						
			Name of Person		-			
		<del></del>	Firm/Company			_ <del>_</del>		
		4122 e 97th ave				_		
			Address			_		
		Tampa, Fl 33617						
		eternaltransportationlle@gn	City/State and Zin Cocl nail.com	ı.		SECRE TALI	2022 AI	Cr.
For further i	information co	E-mail address: ( oncerning this matter, please ca	to be used for future annu	al report notificat	ion)	TARY	2022 AUG -3	* ***   ***
Ciara Faiso				459158		OF ST	P# 4: 06	
	Name of	Person	Area Code	Daytime Te	lephone Numb	oer E	90	
Enclosed is	a check for th	e following amount:						
□ \$25.00	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is a.)		Certific	Filing Fee, cate of Stated Copy nal copy is en	us &	
	ailing Address egistration S			Address: tration Sectic	m			
	vision of C			on of Corpor				
P.0	O. Box 632	7	The C.	Centre of Tall	ahassee			
Ta	llahassee. F	TL 32314	2415	N. Monroe S	treet, Suite	810		

Tallalhassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Eternal Angels Transportation 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 were filled on  $\frac{06/10/2022}{1}$ and assigned Florida document number 1.22(XX)274(340) This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Comp any," the designation "LLC" or the abbreviation "LLC." 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 address 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 address \_, Florida

## 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.

Circ

If Changing Reg istered Agent, Signature of New Registered Agent

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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ctive date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of f	i line or more than 90 days after	<b>ional)</b> er tiling.)	Pursuant to 605.0
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ord specifies a delayed effective date, but not an effective time, at 12; filed.	UH a.m. on the earlier of: (	b) Inc	90th day after t
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