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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:,

Division of Cor	porations		
CUD IECT.	Annal FIGE		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Angelina	Woodard Name of Person	
	ANGSI EL	LE L.L.C. Firm/Company	
	10506 Gosh	awk PL. Pivaryisw, F	L.
	RIVERVI	City/State and Zip Code	
	ONGELINA E-mail address: (i	N 1987 @ 9mail. Co	otification)
For further information c	oncerning this matter, please ca	all:	
Angelina Mo	odard Person	at (<u>407</u>) 234 Area Code Dayt	ime Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration S	Section
Division of C		Division of C	
P.O. Box 632	-	The Centre of	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

HNGSI ELLE, LLC 2022 AUG 20
(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 filed on Tuly 11, 2022 Frank assigned
Florida document number <u>422000 30 6888</u> .
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
ANGRIELLE SEIVICES, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "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 address on our records, enter the name of the new regist
agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
, Florida
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.

If Changing Registered 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
MGR	Angalina Woodard	10506 Goshawk PL:	(E/Add
		10506 Goshawk PL. Riverview, FL. 33578	ПRетпоче
		·	□Change
			🗆 Add
			□Remove
			□ Change
			□Add
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			□Change
			□ Add
			□Remove
			Change

If amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	

(If an effection Note: If t	date, if other than the date of filing: (optional) ve date 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 (3 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the 's effective date on the Department of State's records.
he record spord is filed.	pecifies 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	Augs I wa Woods of Typed or printed name of signee
	Signature of a member or authorized representative of a member
	Angelina Wooderd
	Typed or printed name of signee