L22000366109

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Angel Gear	1_LC .
SUBJECT: Angel Gear Name of Limited	Liability Company
The enclosed Articles of Amendment and fee(s) are submitt	ed for filing.
Please return all correspondence concerning this matter to the	he following:
,	ntress Dudley Name of Person
- Angel G	Fear LLC Firm/Company
<u>6205</u> S	Russell St.
	Address TO TO TO THE TOTAL TO THE TOTAL TO
Tampa,	FL 33611 www. State and Zip Code
E-mail address: (to be	esse gmail. com in or e used for future annual report notification)
For further information concerning this matter, please call:	
Amy Dudley Name of Person	at (B13) 997-3448 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
☑ \$25.00 Filing Fee	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Angel Gear L (Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our Liability Company)	records.)				
The Articles of Organization for this Limited Liability Company	wwere filed on $08/$	19/2022	and ass	signed		
Florida document number <u>L22000366.10</u>	9.	/				
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liab	bility company here:					
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation	on "LLC" or the abbrev	viation "L	.1C."		
Enter new principal offices address, if applicable:				<u>.</u>		
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>	200			
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Enter new mailing address, if applicable:			20	·		
		7.C	<u></u>			
(Mailing address MAY BE A POST OFFICE BOX)			دبې			
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70 KG 11 11 11 11 11 11 11 11 11 11 11 11 11		[17]	C.1			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records.	enter the name o	i the ne	<u>w registere</u>		
Name of New Registered Agent:						
New Registered Office Address:						
New Registered Office / todaess.	Enter Florida street address					
		, Florida				
	City		Zip Code			
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>					
I hereby accept the appointment as registered agent and ag	ree to act in this capaci	ty. I further agree	to comp	ply with th		

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Remove
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			□Remove
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cord specifics tiled.	es a delayed effec	ctive date, but no	ot an effective t	ime, at 12:01	a.m. on the ear	lier of: (b) Th	e 90th day	after t
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