Division of Corporations

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.

(((H240003437813)))



H240003437813ABC%

Note: DO NOT hit the RHFRESH/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 : GASSMAN, CROTTY & DENICOLO, P.A.

Account Number : 075350000514

Phone : (727)442-1200 Fax Number : (727)443-5829

178 H 170 H 170 H 170 H 170 H 最適性LC AMND/RESTATE/CORRECT OR M/MG RESIGN ANGELSAINTSOUTH LLC

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

Electronic Filing Menu | Corporate Filing Menu

Help

(D)

FAX AUDIT # H24000343781 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ANGELSAINTSOUTH I.LC		
(Name of the Limi	(A Florida Limited Liability Company)	· .
The Articles of Organization for this Limited L	Liability Company were filed on November 10, 2022	and assigned
Florida document number L22000483790	·	
This amendment is submitted to amend the following	lowing;	
A. If amending name, enter the new name of	of the limited liability company here:	
The new name must be distinguishable and contain the v	vords "Limited Liability Company," the designation "LLC" or t	he abbreviation "IL.C."
Enter new principal offices address, if applic	cable:	
(Principal office address MUST BE A STREE		
	· · · · · · · · · · · · · · · · · · ·	2024
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE		
2277.007.07.17.00	вом	क का
		- ₁
B. If amending the registered agent and/or r	egistered office address on our records, <u>enter the r</u>	i': 🔼 🔼
agent and/or the new registered office addres	ss here:	E C
		V.
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	· · · · · · · · · · · · · · · · · · ·
	, Florida	
	City	Zlp Code
New Registered Agent's Signature, if changing F	legistored Agent:	
provisions of an statutes relative to the prope accept the obligations of my position as regis	d agent and agree to act in this capacity. I further, er and complete performance of my duties, and I a stered agent as provided for in Chapter 605, F.S. Cegistered office address, I hereby confirm that the change.	m familiar with and Or of this document is
	If Changing Registered Agent, Signature of Newt	Registered Agent
•		
·		

FAX AUDIT # H24000343781-3

If amounting Authority UD 11 (2)	[FAX AODIT # H24900343781 3
it amending Authorized Person(s) author	ized to manage, enter the title, name, and address of each person being added
or removed from our records;	and the mean easy of each person being hadred

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	E BRADSHAW	PO BOX 3206	□ Add
		BRANDON, FL 33509	
			Ll Change
AMBR - ———	R A MARTINEZ	PO BOX 3206	
		HRANDON, FI. 33509	
			Change
MGR	ERIKA BRADSIIAW	PO BOX 3206	
		BRANDON, FL 33509	
			□ Change
			□Romove
			□Remove
			Change
			[IAdd
			[] Remove
			□Change

FAX AUDIT #1124000343781 3

_								
						 		
			<u> </u>		· · 			
			- 				 ·	
٠		- ·	 			_		
	 ,							
				- · · <u>-</u>			- -	· —
							·	
			-	,				
		 ,						
	·		· 					
	_							
	· · · ·		_		- <u> </u>			
	-							
			<u> </u>					
	 -							
Note: If the	onte is listed, the date inserted	than the date of charteness that the date must be specificated the charteness on the Department.	iffe and cannot be S not meet the or	prior to date of	filing or more t story filing rea	(option for the contract of th	#15 s.s.	io 605,0207 (3 e listed as th
ne record spec and is filed.	cifies a delayed	d effective date, t	out not an effecti	ve time, at 12	::01 a.m. on tl	ne earlier of: (b) The 90th day	after the
Octol	ber 14		2024	·				
_	_	Signatur	e of a member or i	uihonzed repr	esentative of a	member		_
A	LAN S. GASS	SMAN, ESQ., A	 UTH, REP					
				rinted name of				

Filing Fee: \$25.00