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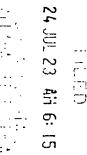
(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
137





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06/04/24--01028--019 **60.00 Pet 7/23/24



LU

COVER LETTER

Registration Section TO: **Division of Corporations**

SUBJECT:	Change of fictitious nat	me	
30bmer	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Lurine Laffrey		
		Name of Person	
	Angelic N	Aedication Service LLC	
		Firm/Company	
	3167 Wood Rose Way		
		Address	-
	Deltona Florida 32725		
		City/State and Zip Code	
	lori.laffrey@outlook.com		
	E-mail address: (to be used for future annual report noti	fication)
For further information of	oncerning this matter, please ca	all:	
Lurine Laffrey		407 417-0159	
Name o	d Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for t	he 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 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

Angelic Medication			
(Name of the Limite	ed Liability Compa (A Florida Limited	ny as it now appears on our re Liability Company)	ecords.)
The Articles of Organization for this Limited Li Florida document number L23000100404	ability Company	were filed on 2/24/2023	and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	the limited liab	ility company here:	
Angelic Hearts Estates L	LC		
he new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:	Same address	
Principal office address MUST BE A STREE	T ADDRESS)		22
Enter new mailing address, if applicable:			23
Mailing address MAY BE A POST OFFICE BOX)		SAM	€
B. If amending the registered agent and/or regent and/or the new registered office addres		address on our records, <u>e</u>	nter the name of the new regis
Name of New Registered Agent:	Same		
New Registered Office Address:		Enter Florida street a	uldress
			Elowida
		City:	_, 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.

SAML Agent - Memory Registered Agent, Signature of New Registered Agent

	tion service LLC		
(Name of the Lim	ited Liability Compar (A Florida Limited L	iv as it now appears on our re iability Company)	ecords.)
The Articles of Organization for this Limited I lorida document number 1.23000100404	Liability Company	were filed on <u>2/24/2023</u>	and assigned
his amendment is submitted to amend the fol	lowing:		
. If amending name, <u>enter the new пате</u> e	of the limited liabi	lity company here:	
Angelic Hearts Estates			<u></u>
he new name must be distinguishable and contain the	words "Limited Liabili	ty Company," the designation	"LLC" or the abbreviation "L.L.C."
nter new principal offices address, if appli	cable:	Same address	
Principal office address MUST BE A STRE.	ET ADDRESS)		
nter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE	E BOX)	SAME	
			<u> </u>
3. If amending the registered agent and/or gent and/or the new registered office addre		ddress on our records, <u>e</u>	nter the name of the new regist
Name of New Registered Agent:	Same		<u> </u>
New Registered Office Address:		Enter Florida street a	Advers
		rage Piorida Meet d	PREN C 11%
		Cin [.]	zip с.оае

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

Angelic Medicat	tion service LLC			
(Name of the Limi	ted Liability Compar (A Florida Limited L	i <mark>v as it now a</mark> iability Comp	ppears on our records.) any)	
The Articles of Organization for this Limited L	iability Company	were filed o	n 2/24/2023	and assigned
This amendment is submitted to amend the foll	lowing:			
A. If amending name, enter the new name o	f the limited liabi	lity compa	<u>ıy here</u> :	
Angelic Hearts Estates	LLC			
he new name must be distinguishable and contain the	vords "Limited Liabili	ty Company,"	the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:	Same addi	ress	
Principal office address MUST BE A STREI	ET ADDRESS)			
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE	BOX)		SAME	
3. If amending the registered agent and/or in a second and/or the new registered office addre	registered office a ss here:	ddress on o	our records, enter the i	name of the new regist
Name of New Registered Agent:	Same			
New Registered Office Address:				
		Ente	r Florida street address	
		_ <u>.</u>	, 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

Angelic Medica	ition service LLC		
(Name of the Lim	ited Liability Com (A Florida Limite	pany as it now appears on ou d Liability Company)	r records.)
The Articles of Organization for this Limited Florida document number L23000100404	Liability Compa.	ny were filed on	and assigned
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited li	ability company here:	
Angelic Hearts Estates	LLC		
The new name must be distinguishable and contain the	words "Limited Lia	ibility Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	Same address	
(Principal office address MUST BE A STRE			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	E BOX)	San	1E
•			
B. If amending the registered agent and/or agent and/or the new registered office addr		e address on our records	, enter the name of the new registe
Name of New Registered Agent:	Same		
New Registered Office Address:		Enter Florida stree	st adduses
		Emer r tortaa stree	audress.
		<u> </u>	, Florida
		Citv	Zin 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.

SAME Agent - Memory Registered Agent Signature of New Registered Agent

Effective date, if other than the date of filing: If an effective 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 e05.00 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. The effective date on the Department of State's records. The effective date on the department of state's records. The specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the date of the date of the specifies of a member of a member.	(Company board members listed on prior form as AMBR
fan effective 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 605.0 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed. Dated	-	
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pated		
Signature of a member or authorized representative of a member	ated	5/23/2024
Signature of a member or authorized representative of a member		
diginitation a member of authorized representative of a member		Signature of member or authorized representative of a member
		dignature a member of audionics representative of a member
Lurine Laffrey		Typed or printed name at surney

Filing Fee: \$25.00

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
AMBR	Joshua Ferraro	681 Placid Run Rd, Oange City Fl 32763	≅ Add
			□Remove
			□Change
AMBR	Khalfani Ferraro	3137 Boxelder Street, Deltona Florida 32725	= Add
			□Remove
			□Change
AMBR	Camille Ferraro	326Stonebridge Orange City Florida 32763	■Add
			□Remove
			□Change
			🗆 Add
			□Remove
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