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2023 AFR -6 AH 8: 52

COVER LETTER

TO: Registration Division of (Section Corporations		
Angelatj SUBJECT:	ax		
	Name of L	imited Liability Company	
The enclosed Articles	of Amendment and fee(s) are so	ubmitted for filing.	
	pondence concerning this matte		
	Ingel Angel 339 Uaci	Name of Person Per at Jax Firm/Company Moravon A Address Sonville Fl Gity/State and Zip Code [at ax Come o Con	100 200 200 200 200 200 200 200 200 200
For further information	concerning this matter, please	(to be \seed for future annual report notific	eation)
Angel Martin		904 610-8469	
Name	of Person	at () Area Code Daytime	Telephone Number 51 51 53
Enclosed is a check for t	the following amount:		
■ S25,00 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: Division of C	Section Corporations	Street Address: Registration Section Division of Corpo	on rations

P.O. Box 6327 Tallahassee, Fl. 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Angelatjax				
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our reco	rds.)		
The Articles of Organization for this Limited Liability Compar	ny were filed on 03/09/2023		and as	المحدثة
Florida document number 1.23(XX)122815	· ————		_ and as:	signed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company here:			
he new name must be distinct to the				
he new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLG	C" or the abbrev	iation "L	L.C."
inter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDRESS)				
			2([23	
			 	
nton way 'l'			::-j	
nter new mailing address, if applicable:			က်	
<u> Aailing address MAY BE A POST OFFICE BOX)</u>			[1]	
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. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of	the new	registe
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address	y.		
	, Flo	orida		
	City		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>	Name	Address	Type of Action
AMBR	Angel Martin	839 Moravon Ave Jacksonville ,Fl 32211	≣ Add
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