L23000151017

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COVER LETTER

TO:

Registration Section Division of Corporations

	LAND ANGEL LLC		
SUBJECT:	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:	
	JACK E ANGEL		
		Name of Person	-
		Firm/Company	
	5039 CHASE OAKS DRI		
	SARASOTA, FLORIDA 3	Address	
	JEANGEL44@AOL.COM	City/State and Zip Code	
For further information c	E-mail address: (oncerning this matter, please c	to be used for future annual report notificationall:	1)
JACK E ANGEL		941 487-7708 at () Area Code Daytime Telep	
Name o	f Person	Area Code Daytime Telep	thone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	☐ S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee,	Section Corporations 17	Street Address: Registration Section Division of Corporat The Centre of Tallah 2415 N. Monroe Stre	assee

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RHODE ISLAND ANGEL LLC (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 $\frac{03/24/2023}{1}$ and assigned Florida document number L23000151017 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "I.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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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	ANGEL, JACK A	5039 CHASE OAKS DRIVE	□Add
		SARASOTA, FLORIDA 34241	■Remove
		494-1	[]Change
MGR ANG	ANGEL, JACK E	5039 CHASE OAKS DRIVE	∃Add
		SARASOTA, FLORIDA 34241	Remove
		-	□Change
			□Add
			Remove
		••	C)Change
			□Add
			□Remove
			[]Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

). If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effi	ve date, if other than the date of filing:
the record ord is fil	d 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 ed.
Dated .	25 April 2023
	2023 2023 Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member Jack E. Angel Typed or printed name of signce
	Typed or printed name of signee

Filing Fee: \$25.00