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#### **COVER LETTER**

TO:	Registration Section Division of Corporations
SUBJI	ECT:ANG_MADE_LLC Name of Limited Liability Company
The en	closed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Andrea Ibarra
	Name of Person
	ANG MADE LLC Firm/Company
	rim/Company
	250 W Park Drive, APT. 205, MIami, FL
	Miami, FL 33172 City/State and Zip Code
	· · · · · · · · · · · · · · · · · · ·
	E-mail addless: (to be used for future abnual report notification)
For fur	ther information concerning this matter, please call:
£	Name of Person at (305) 335 - 2288  Name of Person Area Code Daytime Telephone Number
Enclos	ed is a check for the following amount:
<b>⊠</b> \$2	5.00 Filing Fee \$\times \text{ \$30.00 Filing Fee & Certificate of Status} \text{ \$\text{Certified Copy (additional copy is enclosed)}} \text{ \$\text{\$\text{Certified Copy (additional copy is enclosed)}}} \text{ \$\text{\$\text{\$\text{\$Certified Copy (additional copy is enclosed)}}}  \$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$

#### 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**

ANG MADE	LLC		
(Name of the Limited Liability Compa (A Florida Limited I.	ability Company)	corus.)	
The Articles of Organization for this Limited Liability Company	were filed onO411	7/2023	and assigned
lorida document number <u>L23000187291</u> .			
This amendment is submitted to amend the following:			
a. If amending name, enter the new name of the limited liabi	lity company here:		
he new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "	"LLC" or the abbre	eviation "L.L.C."
Inter new principal offices address, if applicable:	250 W Pa	ick Drive	2, Apr. 2
	NA" 1 773	<b>33</b> 177	
Principal office address MUST BE A STREET ADDRESS)	Miami, FL.	.3	
Principal office address MUST BE A STREET ADDRESS)	Milami, HL.		
Principal office address MUST BE A STREET ADDRESS)  Inter new mailing address, if applicable:			
	250 W PO	ark Driv	
Enter new mailing address, if applicable:	250 W 70	ark Driv	
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  3. If amending the registered agent and/or registered office a	250 W PO	33172	c, Apt.2
Inter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)	250 W PO	33172	c, Apt.2
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	250 W PO	33172	c, Apt.2
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  3. If amending the registered agent and/or registered office a	250 W PO	33172	c, Apt.2
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	250 W Po Miami, Fl., ddress on our records, en	33.172	c, Apt.2
Inter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office a gent and/or the new registered office address here:  Name of New Registered Agent:	250 W PO	33.172	c, Apt.2
Inter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office a gent and/or the new registered office address here:  Name of New Registered Agent:	250 W Po Miami, Fl., ddress on our records, en	33.172	c, Apt.2

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 a pending 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	

Title	Name	Address	Type of Action
			⊒Add
			Remove
			□Remove
			Change
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		<del></del>	ПКетоvе
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			Remove
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			□ Remove
			□Change

<del></del>	
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ote: If the date	if other than the date of filing:
record specifies is filed.	a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
ated	
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00