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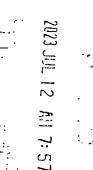
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Charty Harrie)
(Document Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

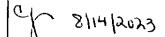




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COVER LETTER

TO: Registration Se Division of Cor		,	•
SUBJECT:	Juandian Ange Name of Man	Is Pros LLC 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:	
	Cole	Van De Gr Name of Person	aaf
	IDO17 C	Firm/Company La 15 Cents Dri	ve STE 5 #281
		Address	
			8 @GMAIL. COM
	E-mail address: 0	to be used for future annual report no	tification)
For further information c	oncerning this matter, please co	all:	
Coole Va	in De Grad	at (<u>54/</u>) <u>7-7-7</u> Area Code Daytir	ne Telephone Number
Enclosed is a check for the	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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Chardian	Angels	Pros	UC.	ى 2023	55 12 AM 7:57
	Charles Argel's Pros UC. 2023 Jin 12 Air 7:57 (Name of the Limited Liability Company as it now appears an our records.) (A Florida Limited Liability Company) (A Florida Li					
			y were file	d on	5/9/23	and assigned
This amendme	ent is submitted to amend the	following:				
A. If amendi	ng name, <u>enter the new nan</u>	ne of the limited lia	bility com	pany here:		1
The new name m	nust be distinguishable and contain (the words "Limited Liab	oility Compa	ny," the designa	ation "LLC" or the a	abbreviation "L.L.C."
Enter new pr	rincipal offices address, if ap	plicable:				
(Principal off	ice address MUST BE A STI	REET ADDRESS)				
	2					
agent and/or Nam	the new registered office ad Should be ne of New Registered Agent:	dress here: _loo12_le	Van 3-18 C	De Grander	STE 5	# 281
New Registere	ed Agent's Signature, if changi		V			·
provisions of	fall statutes relative to the p	roper and complet	e perform	ance of my a	luties, and Lam	familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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 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	Sophia Guerin	18452 Narcissus rd	□Add
		18452 Navcissus rd F+ Myers, Fl 33967	2 Kemove
			□Add
			□Remove
			DChange
			□Remove
			□Change
			⊡Remove
			□ Change
			🗀 Remove
			□Change
			□Remove
			□ Change

. -, -	Please remove Sophia Guerin
	Please remove Sophia Guerin From LLC. That is all that is needed. She is no longer a part of Gnardian Angels fros LLC.
	needed. She is no longer a part
	of Gnardian Angels Pros LLC.
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ote:	re date, if other than the date of filing: 6/28/23 (optional) entire 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 f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed int's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.
	Inne, 28th 2023
	Cl Whe X-2
	Signature of a member or authorized representative of a member

Page 3 of 3