## L23000371997

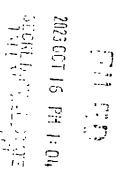
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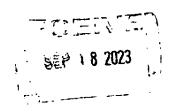
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## COVER-LETTER

TO: Registration Section  Division of Corporations
SUBJECT: DeAngelis Demo & Design IV. Name of Limited Liability Company
None of Emilieu Elaotiny Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Anthony De Angelis  Name of Person
De Angelis Demo R. De Sign III
15656 iona lahes Dr Address
For I MYEVS FL 33908  City/State and Zip Code
Jennamaxdrive 3477 agmail Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee SCertificate of Status Certified Copy (additional copy is enclosed)  S60.00 Filing Fee SCErtified Copy (additional copy is enclosed)  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

De Angelis Dem	o & Design	<u> </u>				
(Name of the Limit	ed Liability Company as (A Florida Limited Liabili	it now appears on our ty Company)	· records.)			
The Articles of Organization for this Limited Li Florida document number <u>L2300037</u>		: filed on <u>\$ 8 - </u>	2023	a	nd assi	igned
This amendment is submitted to amend the follo	owing:					
A. If amending name, enter the new name of	the limited liability	company here:				
The new name must be distinguishable and contain the w	and of this of the factor of	······································	- "I I C" th		107 1	
		unpany, the designation	in LLC orthe	annreviai	101 L.1	J.C.
Enter new principal offices address, if applic (Principal office address MUST BE A STREE			***	<del>≤8</del>	<del>123</del> ()	
Trincipal office address 14 COT DE 14 OT REE	<u> </u>	<del></del> -			=	2 124 2 124 2 124
Enter new mailing address, if applicable:				72.00	6 P:	
(Mailing address MAY BE A POST OFFICE	<u></u>			7157 7157	-:-	
	_			<u> 75</u>	<u>+</u> -	
B. If amending the registered agent and/or r agent and/or the new registered office addres	egistered office address here:	ess on our records,	enter the na	me of t	he new	/ registered
Name of New Registered Agent:	Anthor	ny DeAn	gelis			
New Registered Office Address:	15656	10 Na lake Enter Florida stree	S Dr 1 address			
	Ft myers	City	, Florida _	339 zip	() 8 Code	
Now Donistand Amonths Chandran if showing I	Dunintanad Amusika					

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
MGR	Anthony DeAngelis	5656 jona Lakes Dr Floryers FL 33908	_ 🛮 Add
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an effective date <u>lote:</u> If the da	, if other than e is listed, the date te inserted in the ective date on the	e must be specifi is block does :	ic and can not meet	not be prior the applic	to date of table statu	iling or mo	re than 90 requirem	(option days after f ents, this	iling.) Pursi	uant to 605 tot be liste	.0207 ed as i
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ated	Septem'	ber 14	<u>th</u>	<u>a023</u>	<u>.</u> .						
	1		M	made	Ĺ N						
		Signature	of a men	ther of auth	orized repr	esentative o	f a membe	:r			

Filing Fee: \$25.00