# 123000557043

(Re	questor's Name)	
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Special Instructions to	Filing Officer:	
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Office Use Only



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## **COVER LETTER**

TO:	Registration Sec Division of Corp			٠
SUBJE		EL BIOMETRICS & INVES	TIGATIONS LLC	
SOBUL	<u> </u>	Name of Lim	ited Liability Company	<del></del>
The enc	losed Articles of A	Amendment and fec(s) are sub	mitted for filing.	
Please re	eturn all correspor	ndence concerning this matter	to the following:	
		ANGELINE PASCAL		
			Name of Person	<del></del> .
		ARCHANGEL INVESTIG	GATION SERVICES LLC	
			Firm/Company	<del></del>
		1686 LEE RD		
		Address		
		WINTER PARK FL 32789	)	
			City/State and Zip Code	·
		Archangelbiometrics@gma		
		E-mail address: (	to be used for future annual report notifier	ation)
For furth	ner information co	oncerning this matter, please ca	all:	
ANGEL	INE PASCAL		321 805-9201 at ( )	
	Name of	Person	Area Code Daytime T	elephone Number
Enclose	d is a check for th	e following amount:		
□ <b>\$</b> 25	.00 Filing Fee	S30.00 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 S		Street Address: Registration Secti	on

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZAJ

**OF** 

### ARCHANGEL BIOMETRICS & INVESTIGATIONS 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 Co	ompany were filed on December 19,	2023 and assigned
Florida document number L23000557043	<b>_</b> ∙	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
ARCHANGEL INVESTIGATION SERVICES LLC		
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "I	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
22.7	<del> </del>	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>en</u>	ter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		<del>,</del>
	Enter Florida street add	uress
<del></del>		Florida
	City	

#### 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 mv 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 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	ANGELINE PASCAL	5465 ARPANA DR, ORLANDO FL 32839	≣ Add
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anion.	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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<u> </u>	
an effect lote: If	date, if other than the date of filing:
record s is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
DI ated	ECEMBER 21 2023
	7
	Signature of a member or authorized representative of a member
	/
	ANGELINE PASCAL /