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COVER LETTER

TO: Registration S Division of Co			
Angularis	AV LLC		
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
	ondence concerning this matter	_	
	Paul Sombric		
		Name of Person	
	Angularis AV LLC		SECRETAR SECRETAR
		Firm/Company	
	193 Lake Arietta Ct		(五) (6)
		Address	- 1000 ST
	Auburndale FL 33823		
		City/State and Zip Code	
	contact@angularisav.com		
		to be used for future annual report notif	ication)
For further information of	concerning this matter, please c	ali:	
Paul Sombric		614 365-0599 at ()	
Name o	of Person	Area Code Daytime	: Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	tion
Registration Division of C		Registration Sec Division of Cor	
P.O. Box 632	27	The Centre of T	allahassee
Tallahassee,	FL 32314	2415 N. Monroe	Street, Suite 810

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our recolliability Company)	rds.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L24000007549</u> .	were filed on 01/03/2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	193 Lake Arietta Ct	NO E
(Principal office address MUST BE A STREET ADDRESS)	Auburndale FL 33823	127 - 129
Enter new mailing address, if applicable:	193 Lake Arietta Ct	100 A
(Mailing address MAY BE A POST OFFICE BOX)	Auburndale FL 33823	777
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, ente	er the name of the new regis
Name of New Registered Agent:		
Name of New Registered Agent:	Enter Florida street addr	ess
Name of New Registered Agent:		ess Florida

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	<u>Address</u>	Type of Action
AMBR	Josh Welborn	1308 Astor Commons Pl Apt 201 Brandon Fl. 33511	□Add
			Remove
			□ Change
			□Add
			Remove SECO HAChange
			OAdd TO
			رسم [Change
		 	🖾 Add
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fective date, if other than the	e date of filing:		(6	optional)
an effective date is listed, the date mu	ist be specific and cannot be		ng or more than 90 days	after filing.) Pursuant to 605.02
ote: If the date inserted in this becament's effective date on the I			ry filing requirements	s, this date will not be listed
anned annaifice a deleved affecti	ua data hut nat an affaa		lamantha saulise	.6 (b) The Oth day offer th
ecord specifies a delayed effecti is filed.	ve date, but not an effect	.ive time, at 12.0	i a.m. on the earner c	or. (b) The 90th day after th
March 07	2024			
ited	,			

Typed or printed name of signee