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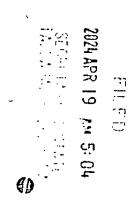
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COVER LETTER

Division of Corp	orations		**
SUBJECT: Ang	el Care Name of Limite	Artist LL.C	;
The enclosed Articles of A	mendment and fee(s) are submi	itted for filing.	
Please return all correspond	dence concerning this matter to	the following:	
	Ana 7	Name of Person	
	Angel Co	are Artist Firm/Company	<u>L.L.</u> C.
	1961 1	ille Stree	<u> </u>
	FORT-MY	City/State and Zip Code 12 12 9 4 ahoo be used for future annual report notification	<u> 4 339/6</u>
	Comoriar E-mail address: (to	be used for future annual perfort notification	o. Com
For further information con	ncerning this matter, please call	:	
Ana Toc Name of	losus Person	at (<u>239</u>) <u>464 €</u> Area Code Daytime Telep	5645 Shone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$560.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Registration Section

TO:

X 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

Angel Care	Artist LLC
(A Florida L.	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Cor Florida document number <u>444000130</u>	npany were filed on <u>3 - 15 -202,5</u> and assigned P3L
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	d liability company here:
The new name must be distinguishable and contain the words "Limite Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRE)	d Liability Company." the designation "LLC" or the abbreviation "L.L.C." (SS)
Enter new mailing address, if applicable:	2024 APR
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
	City Zip Code

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 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	Beatrice Todorut,	1961 Lillie Str. FORT-Myer	S_ □Add
		1961 Lillie Str. FORT-Myer. FLORIDA, 33916	I Remove
			□Change
			□Add
			□Remove
			□ Change
			🗆 Add
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			□Add
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			□Change
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	iding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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an effe <u>{ote:</u> ∃	re date, if other than the date of filing:
record Lis file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d,
ated _	April 14, 2024.
	Signature of a member or authorized representative of a member
	// - / / . 0 /