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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Angel Mast	rel Mechanic LLC
<b></b>	Name of Limited Liability Company
The enclosed Articles of Amendment and fe	ee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
	JOSE 5/19
	Name of Person
	) = Su
	Firm/Company
1426	w za st
	Address
Hiale	7 5 5 5 6
	City/State and Zip Code
<u>dngcl</u>	master mechanic @ anall. (om nail address: (to be used for future annual report notification)
For further information concerning this mat	tter, please call:
José Silva	at (786) 817 908
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amou	nt:
\$25.00 Filing Fee \$30.00 Filin Certificate	
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited Liability Company were filed on	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company h	<u>ere</u> :
The new name must be distinguishable and contain the words "Limited Liability Company," the	designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	02'4 A
(Principal office address MUST BE A STREET ADDRESS)	رة - 
Enter new mailing address, if applicable:	<b>ф</b>
(Mailing address MAY BE A POST OFFICE BOX)	<del>2</del>
B. If amending the registered agent and/or registered office address on our a agent and/or the new registered office address here:	ecords, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:  Enter Flo	rida 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>	<u>Address</u>	Type of Action
4mBP	Jose Silva	1456 W 29 St Hialeah Ft 33012	<b>D</b> Add
			Remove
			□Change
tmbk	Tania Lainez	2150 nw 65 st Mami fl 33147	🗆 Add
			□Remove
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<b>fective</b> an effecti	date, if other than the date of filing: (optional) e 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	207
	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as effective date on the Department of State's records.	l as
ecord s is filed	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t	the
ited	04/05 , 2024.	
	Signature of a member or authorized representative of a member	
	Typed or printed name of signee	