

LO7000025826

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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D. SCOTT

FEB 13 2017

**ALLAN M. GLASER, P.A.**  
Biscayne Centre  
Suite 807  
11900 Biscayne Boulevard  
Miami, Florida 33181

ALLAN M. GLASER  
ATTORNEY AT LAW

TELEPHONE (305) 893-5999  
TELEFAX (305) 893-8251

February 6, 2017

Florida Department of State  
Division of Corporation  
Attn: Registration Section  
P.O. Box 6327  
Tallahassee, Florida 32314

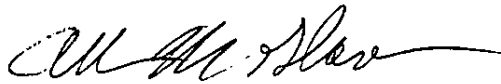
Re: 19 Angels, LLC – Articles of Amendment  
Our File No. 2535-30

Dear Sir or Madam:

Enclosed please find the original and a copy of the Cover Letter and Articles of Amendment for 19 ANGELS, LLC, changing the name of the entity to BANGYBANG, LLC. Also enclosed is a check payable to Department of State in the amount of \$30.00 which includes your fee of \$25.00 and \$5.00 for a Certificate of Status. Please stamp the copy with the date of filing and return it with the Certificate of Status. A self-addressed stamped envelope is enclosed for this purpose.

Should you have any questions or problems regarding this request, please do not hesitate to contact our office.

Cordially yours,



ALLAN M. GLASER

AMG/sr

Enc.

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TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** 19 ANGELS, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALLAN M. GLASER, ESQ.  
Name of Person  
ALLAN M. GLAER, P.A.  
Firm/Company  
11900 BISCAYNE BLVD., #807  
Address  
MIAMI, FL 33181  
City/State and Zip Code  
ALLANGLASER@BELLSOUTH.NET  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALLAN M. GLASER 305 893-5999  
Name of Person at ( ) Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 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)

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TALLAHASSEE, FLORIDA

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

19 ANGELS, 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 Company were filed on 03/07/2007 and assigned Florida document number L07000025826.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

BANGYBANG, LLC

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:

N/A

**(Principal office address MUST BE A STREET ADDRESS)**

Enter new mailing address, if applicable:

N/A

**(Mailing address MAY BE A POST OFFICE BOX)**

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

N/A

New Registered Office Address:

Enter Florida street address

Florida

City

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TALLAHASSEE, FLORIDA  
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 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
	N/A		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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 TALLAHASSEE, FLORIDA



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Enter Florida street address

City, Florida

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