# L07000025826

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
SECRETARY OF STATE
AND ANASSEE, FLORIDA

D. SCOTT FEB 1 3 2017

### ALLAN M. GLASER, P.A.

Biscayne Centre
Suite 807
11900 Biscayne Boulevard
Miami, Florida 33181

ALLAN M. GLASER
ATTORNEY AT LAW

TELEPHONE TELEFAX (305) 893-5999 (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.

244152535-30/020617

## , COVER LETTER

TO:

**Registration Section** 

Division of C	Corporations	
19 ANG SUBJECT:	ELS, LLC	•
SUBJECT:	Name of Lim	aited Liability Company
	of Amendment and fee(s) are sub	-
	ALLAN M. GLASER, ES	
		Name of Person
	ALLAN M. GLAER, P.A.	
		Firm/Company
	11900 BISCAYNE BLVD	0., #807
		Address
	MIAMI, FL 33181	
	ALLANGLASER@BELLS	City/State and Zip Code
	_	to be used for future annual report notification)
For further information	n concerning this matter, please ca	all:
ALLAN M. GLASER		305 893-5999
Nam	e of Person	Area Code Daytime Telephone Number
Enclosed is a check for	r the following amount:	新草 5 m
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee
Regi Divi P.O.	ILING ADDRESS: stration Section sion of Corporations Box 6327 shassee, 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 Lim	ited Liability Cor (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited I	Liability Compa	nny were filed on 03/07/2007	and assigned
lorida document numberL07000025826	·		
his amendment is submitted to amend the fol	lowing:	•	
. If amending name, enter the new name of	of the limited li	iability company here:	
BANGYBANG, LLC			
he new name must be distinguishable and contain the	words "Limited Li	iability Company," the designation "LLC" or t	the abbreviation "L.L.C."
inter new principal offices address, if appli	cable:	N/A	
Principal office address MUST BE A STRE	ET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE  B. If amending the registered agent and	-	N/A  office address on our records, et	nter the name of the ne
egistered agent and/or the new registered of			型盆二
Name of New Registered Agent:	N/A		温高力
New Registered Office Address:			一路で加
		Enter Florida street address , Florid	E STEEL STEE
	1010 -	City	Ziń Code 25

### 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:

of Temoved Hom our records.	i			
MGR = Manager				
AMBR = Authorized Member				

<u>Title</u>	<u>Name</u>	Address	Type of Action
	N/A		Add
		<del></del>	Remove
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Effective date, if other than the date of filing: (optional)	10 P
If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant 60 60.  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list	5.0 <u>3</u> 07 (รี ted จะ th
document's effective date on the Department of State's records.	الله على الما
	, 55
he record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earli	ier of:
The 90th day after the record is filed.	
FEBRUARY 6, 2017	
Dated	
V all Me Me-a	
Signature of a member or authorized representative of a member	
ALLANIA CLASED	
ALLAN M. GLASER	

Page 3 of 3

Filing Fee: \$25.00

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

19 ANGELS, LLC			
(Name of the Lim	ited Liability Co (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Florida document number L07000025826	Liability Comp	oany were filed on 03/07/2007	and assigned
This amendment is submitted to amend the fo	llowing:		
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 I	Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	N/A	
<u>Principal office address MUST BE A STRE</u>	ET ADDRESS	<u></u>	
Enter new mailing address, if applicable:		N/A	
Mailing address MAY BE A POST OFFICE	E BOX)		
B. If amending the registered agent and registered agent and/or the new registered of			nter the name of the
Name of New Registered Agent:	N/A		哥哥丁
New Registered Office Address:		Form Florida anna 12	SSE 5
		Enter Florida street address	2000 里
		, Florid	··
		City	Zip Gode

#### 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 **Title Type of Action** Name **Address** N/A □ Add □ Remove □ Change □ Add □ Remove \_□ Change \_D Add □ Remove ☐ Change □ Add □ Change □ Add □ Remove

□ Change

N/A	•			
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tive date, if other than t	he date of filing:		(optional)	
ffective date is listed, the date r	nust be specific and cannot be prior to	date of filing or more than	n 90 days after filing.) l	Pursuant to 605
	block does not meet the applicab	ole statutory filing requi	rements, this date w	rill not be liste
nent's effective date on the	Department of State's records.			
			;	200
cord specifies a delay	red effective date, but not	an effective time,	at 12:01 a.m. o	n the earlie
e 90th day after the re	ecord is filed.			
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FEBRUARY 6,	2017			High :
		<b>≠</b> .		F. FLORID
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				11
X	Signature of a member or authori	ized representative of a mo	ember	

Page 3 of 3

Filing Fee: \$25.00