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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

THE ANGEL LAW FIRM, P.L.

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:

ANGEL M. MERCADO

Name of Person

THE ANGEL LAW FIRM

Firm/Company

204 CHELSEA AVE

Address

DAVENPORT, FL 33837

City/State and Zip Code

angel2004fl@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANGEL M. MERCADO

<sub>.</sub>,407,592-8682

Name of Person

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)

**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

THE ANGEL LAW FIRM, P.L.		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.)	
(A Florida Limited L	Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on JANUARY 16, 2013	and assigned
Florida document number L1300008095		7 - F
Florida document number		の方で
		<b>프</b> 등급년
This amendment is submitted to amend the following:		# 11: 25 # 11: 25
		2
A. If amending name, enter the new name of the limited liab	ility company here:	பு 💥
ANGEL LAW FIRM, P.L.		*
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the designation "LI	.C" or the abbreviation
Enter new principal offices address, if applicable:	821 EMMETT STREET	
(Principal office address MUST BE A STREET ADDRESS)	SUITE 02	
	KISSIMMEE, FL 34741	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		e name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
**************************************	Enter Florida street addr	ess
_	, Florida	
<del></del>	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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  MGRM = Managing Member			
<u>Title</u>	Name	Address	Type of Action
			Add
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			Remove

. If amending	any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<u> </u>	
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	Miller
	Signature of a member or authorized representative of a member
	Frigel M. Mercado
	Typed or printed name of signee
	Page 3 of 3
	Filing Fee: \$25.00

DIVIDUAL OF SHIP OF THE PROPERTY OF THE PROPER