117000039002

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
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SEURETARY OF STATE

2017 MAR 21 PM 2: 13

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COVER LETTER

то:	Registration Se Division of Cor				
SHRI		perties of West Palm Beach, LI	LC .		
Name of Limited Liability Company					
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	ondence concerning this matter	to the following:		
		Gigi Iza			
			Name of Person		
		Umbach Financial Group,	LLC		
		Firm/Company 525 South Flagler Drive, Suite 100			
		Address			
		West Palm Beach, FL 334	001		
			City/State and Zip Code		
		giza@joesfinancial.com		*	
			to be used for future annual report notif	ication)	
For fu	rther information c	oncerning this matter, please ca	all:		
Gigi I	za		561 228-7499 at ()		
	Name o	f Person	Area Code Daytime	e Telephone Number	
Enclos	sed is a check for th	ne following amount:			
■ \$2	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

2017 MAR 21 PM 2: 13

ALLAHASSEE FLORID

Biaritz Properties of West Palm Beach, LLC

(Name of the Limited Liability Company as it now appears on our records.

(A Florida Limited Liability Company)

		ORIO
	Liability Company were filed on February 17, 2017	
Florida document number L17000039002	 -	
This amendment is submitted to amend the fo	llowing:	
A. If amending name, enter the new name	of the limited liability company here:	
Angelou, LLC		
The new name must be distinguishable and contain the	words "Limited Liability Company," the designation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE</u>	E BOX)	
Mailing address MAY BE A POST OFFICE		
Mailing address MAY BE A POST OFFICE 3. If amending the registered agent and	d/or registered office address on our records, en	
Mailing address MAY BE A POST OFFICE 3. If amending the registered agent and	d/or registered office address on our records, en	
Mailing address MAY BE A POST OFFICE 3. If amending the registered agent and registered agent and/or the new registered of	d/or registered office address on our records, <u>en</u> office address here:	
Mailing address MAY BE A POST OFFICE B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:	d/or registered office address on our records, en	
(Mailing address MAY BE A POST OFFICE B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:	d/or registered office address on our records, <u>en</u> office address here:	ter the name of the

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: FILED 2017 MAR 21 PM 2: 13 MGR = Manager AMBR = Authorized Member Title <u>Name</u> <u>Address</u> Type of Action ☐ Add □ Remove ☐ Change □ Add ☐ Remove _ Change _ Add _□ Remove ☐ Change □ Add ☐ Remove ☐ Change _□ Remove _□ Change ☐ Add □ Remove _□ Change

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	2017 HAR 21 PM 2: 1 TALLAHASSEE: FLORID:
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etive date, if other than the date of filing:	(optional) filing or more than 90 days after filing.) Pursuant to 605.0
If the date inserted in this block does not meet the applicable statu	utory filing requirements, this date will not be listed
ment's effective date on the Department of State's records.	
ecord specifies a delayed effective date, but not an eff e 90th day after the record is filed.	fective time, at 12:01 a.m. on the earlier
e 30th day after the record is filed.	
March 20 2017	
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Typed or printed name of signee

Filing Fee: \$25.00