L16000045327

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA
16 JUL -8 A11:00

EFFECTIVE DATE
8/1

AUG 05 2016
S. YOUNG

FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 11, 2016

MIGUEL A VALLE SOLERO
204 HAWTHORNE GROVES BLVD BLDG 33 APT 20
ORLANDO, FL 32835

SUBJECT: ANGEL V TRANSPORATION, LLC
Ref. Number: W16000048058

We have received your document for ANGEL V TRANSPORATION, LLC and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Shelia H Young
Regulatory Specialist II

Letter Number: 516A00014453

# COVER LETTER

**TO:** **Registration Section**
**Division of Corporations**

**SUBJECT:** ANGEL RESTORATION, 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:

MIGUEL ANGEL VALLE SOLERO
Name of Person

ANGEL RESTORATION
Firm/Company

204 HAWTHORNE GROVES BLVD BLDG 33 APT 204
Address

ORLANDO, FLORIDA 32835
City/State and Zip Code

miguelycora@hotmail.com
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

MIGUEL ANGEL VALLE SOLERO at (321) 318-1483
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

ANGEL RESTORATION, 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 _____ and assigned Florida document number L16000045327.

This amendment is submitted to amend the following:

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

ANGEL V. TRANSPORTATION, 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:**
***(Principal office address MUST BE A STREET ADDRESS)***

N/A

**Enter new mailing address, if applicable:**
***(Mailing address MAY BE A POST OFFICE BOX)***

N/A

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**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* *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**

| Title | Name | Address | Type of Action |
|---|---|---|---|
| _____ | _____ | _____ | ☐ Add |
| | | _____ | ☐ Remove |
| | | _____ | ☐ Change |
| _____ | _____ | _____ | ☐ Add |
| | | _____ | ☐ Remove |
| | | _____ | ☐ Change |
| _____ | _____ | _____ | ☐ Add |
| | | _____ | ☐ Remove |
| | | _____ | ☐ Change |
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| | | _____ | ☐ Change |
| _____ | _____ | _____ | ☐ Add |
| | | _____ | ☐ Remove |
| | | _____ | ☐ Change |
| _____ | _____ | _____ | ☐ Add |
| | | _____ | ☐ Remove |
| | | _____ | ☐ Change |

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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

16 JUL -8 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**E. Effective date, if other than the date of filing:** 08/01/2016 **(optional)**

(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 to 605.0207 (3)(b)
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated _____, _____.

Miguel Valle Solero
Signature of a member or authorized representative of a member

Miguel Valle Solero
Typed or printed name of signee



**Filing Fee: $25.00**