

L020000010112

(Requestor's Name)

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(City/State/Zip/Phone #)

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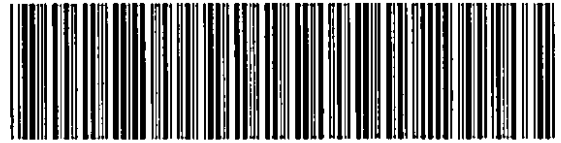
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY

AUG 22 2018

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ANGEL SISTERS, 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:

JAMES M. WEAVER, ESQ.

\_\_\_\_\_  
Name of Person

JAMES M. WEAVER, PA

\_\_\_\_\_  
Firm/Company

240 E PARK AVE

\_\_\_\_\_  
Address

LAKE WALES, FL 33853

\_\_\_\_\_  
City/State and Zip Code

mjtunno@me.com

\_\_\_\_\_  
E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

PATRICIA A. TUNNO

863

307-9814

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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**

**FILED**  
**18 AUG 15 PM 8:20**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

ANGEL SISTERS, 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 04/18/2002 and assigned  
Florida document number L02000010112.

This amendment is submitted to amend the following:

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

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)**

**Enter new mailing address, if applicable:**

**(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:

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

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

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

CHANGING LIMITED LIABILITY COMPANY FROM MEMBER MANAGED TO MANAGER MANAGED.

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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: \_\_\_\_\_ (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 AUGUST 9th, 2018

Mary Jane Angel Gregory A/K/A Mary J. Gregory by Jane Gregory Yirak, Her Agent  
Signature of a member or authorized representative of a member

MARY JANE ANGEL GREGORY A/K/A MARY J. GREGORY BY JANE GREGORY YIRAK, HER AGENT

Typed or printed name of signee

Prepared By & Return To:  
JAMES M. WEAVER, ESQ.  
jimweaver@lakewaleslaw.net  
240 E. Park Ave.  
Lakewood, FL 33853  
863.676.6000

## Affidavit

[Power of Attorney - Durable – by Attorney in Fact]

**BEFORE ME**, the undersigned authority, duly authorized to take acknowledgments and administer oaths, personally appeared **JANE GREGORY YIRAK** ("Affiant"), who depose(s) and say(s) under penalties of perjury that:

1. This affidavit is made with regard to **ANGEL SISTERS, LLC**, a Florida Limited Liability Company (the "Company").

2. Affiant is the Attorney in Fact ("Agent") named in the Durable Power of Attorney dated November 22, 2010, a copy of which is attached hereto, and executed by **MARY JANE ANGEL GREGORY a/k/a MARY J. GREGORY**, the principal ("Principal") of the Durable Power of Attorney, who is one of two Members of the Company.

3. Affiant is the daughter of the Principal and knows of her own personal knowledge that:

a. The Principal is not deceased, has not filed for bankruptcy, has not been adjudicated incapacitated, and has not revoked, partially or completely terminated or suspended the power of attorney.

b. A petition to determine the incapacity of or to appoint a guardian for the Principal is not pending.

4. Affiant agrees not to exercise any power granted by the Durable Power of Attorney if Affiant attains knowledge that it has been revoked, partially or completely terminated, suspended, or is not longer valid because of the bankruptcy, death or adjudication of incapacity of the Principal.

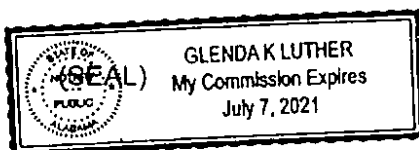
5. Affiant is familiar with the nature of an oath and with the penalties as provided by Florida law for falsely swearing to statements made under oath. Affiant has read and affirms the facts shown on this Affidavit and understands its contents.

6. Further, Affiant Sayeth Naught.

  
**JANE GREGORY YIRAK**

### AFFIRMATION

This instrument was sworn to and subscribed before me in Shelby County, Alabama, on August 9, 2018, by **JANE GREGORY YIRAK**, ☒ personally known to me, or ☐ driver's license verified identity (Indicate by "X").



  
Notary Public

My Commission Expires: July 7, 2021

## **DURABLE POWER OF ATTORNEY**

I, Mary Jane Angel Gregory, hereby appoint and empower my daughter, Jane Gregory Yirak, as my true and lawful attorney-in-fact, to act for me and in my name and on my behalf to:

A. Collect, receive, and receipt for any and all sums of money or payments due or to become due to me.

B. Sue in my name and behalf for the recovery of any and all sums of money or payments due or to become due to me and to collect on any judgments recovered by me and execute satisfactions of the same.

C. Initiate, defend, continue, or settle suits on my behalf or to enforce the exercise of these powers granted to my attorney-in-fact.

D. Hire or discharge (with or without cause) employees including, but not limited to, physicians, nurses, attorneys, and domestics.

E. Deposit to or withdraw from, or draw checks or drafts upon, any and all savings or checking accounts, money market funds, or any other type of account in my name; open any new such accounts in my name in any bank or financial institution or with any insurance or brokerage firm; and endorse my name to any and all negotiable instruments.

F. Pay any and all bills, accounts, claims, and demands now or hereafter payable by me.

G. Receive and endorse for deposit in any account any payments that I receive from any branch or department of the United States or other government, including without limitation, Social Security payments, Department of Veterans Affairs payments or grants, Medicare or Medicaid payments, and tax refunds.

H. Represent me before any office of the Internal Revenue Service or any state agency; prepare and sign any tax return on my behalf; receive confidential information regarding tax matters (SSN REDACTED ) for all periods, whether before or after the execution of this instrument; and to make any tax elections on my behalf.

I. Receive and open my mail, change my mailing address, and otherwise represent me in any matter concerning the U.S. Postal Service.

J. Borrow money and to otherwise incur or guarantee indebtedness for which I will be liable, and to secure any such indebtedness by mortgage or other security interests encumbering my assets.

K. Act for me in any business or enterprise in which I am now or have been engaged or interested or with respect to any trust in which I have a beneficial interest.

L. Manage all assets and properties belonging to me or in which I have any interest, and to expend whatever funds my attorney-in-fact deems proper for the preservation, maintenance, or improvement of those assets or properties.

M. Compromise, arbitrate, or otherwise adjust claims in favor of or against me or any assets or entity in which I have an interest, and to agree to any rescission or modification of any contract or agreement.

N. Participate in any type of liquidation or reorganization of any enterprise.

O. Join with other persons with whom I own property as joint tenants with right of survivorship in any transaction regarding that property.

P. Vote and exercise all rights and options, or empower another to vote and exercise those rights and options, concerning any corporate stock, securities, or other assets; to enter into or approve agreements for merger, reorganization, or equivalent transactions with respect to any company or enterprise; to delegate those rights to an agent; and to enter into voting trusts and other agreements or subscriptions.

Q. Exercise all rights and options, or empower another to exercise those rights and options, concerning sole proprietorships, general or limited partnerships, joint ventures, business trusts, land trusts, limited liability companies, and other domestic and foreign forms of organizations.

R. Buy, sell, exchange, lease, convey, and grant options with respect to any real or personal property, and to negotiate for and to enter into contracts and agreements of every nature, concerning real or personal property, including homestead or exempt property. Any such contract, agreement, or lease will be valid and binding for its full term even if it extends beyond my lifetime or the duration of this power of attorney.

S. Exercise all powers even though my attorney-in-fact may also be acting individually or on behalf of any other person or entity interested in the same matters.

T. Transact all business, make, execute and acknowledge all contracts, orders, deeds, bills of sale, assurances, promissory notes, mortgages, and other instruments of any nature which may be requisite or proper to effectuate any matter or things pertaining to or belonging to me.

U. Make gifts for estate planning purposes; change the beneficiaries of any life insurance policies or other qualified or nonqualified benefit plans; create or fund revocable or irrevocable trusts for the benefit of myself or of other persons; and consent to the creation or extension of trusts established by other persons for my benefit.

V. Continue or discontinue my membership in any club or other organization.



W. Accept or resign on my behalf from any offices or positions which I may hold, including any fiduciary positions.

X. Continue, use, or terminate any charge or credit accounts.

Y. Employ and compensate any investment management service, financial institution, or similar organization to advise my attorney-in-fact and to handle all investments and to render all accountings of funds held on my behalf under custodial, agency, or other agreements.

Z. Enter into any safe deposit box for which I am a lessee and add or remove items.

AA. Disclaim any property interest that I would otherwise receive.

BB. Demand, obtain, review, and release to others medical records or other documents protected by the patient-physician privilege, attorney-client privilege, or any similar privilege, including all records subject to, and protected by, the Health Insurance Portability and Accountability Act of 1996, as amended ("HIPAA"). I designate my attorney-in-fact as my personal representative under HIPAA.

CC. File or process claims for any medical bills with all insurance companies through which I have coverage, including but not limited to Medicare and Medicaid, and to receive from Blue Cross/Blue Shield or any other insurer information obtained in the adjudication of any claim in regard to services furnished to me under Title 18 of the Social Security Act.

DD. Nominate on my behalf a person (including my attorney-in-fact) or entity to be appointed by a court of appropriate jurisdiction as guardian or as conservator during the pendency of any proceedings to determine my competency.

EE. Invest in assets, securities, or interests in securities of any nature, including (without limit) commodities, options, futures, precious metals, currencies, and in domestic and foreign markets or investment funds, including common trust funds; to trade on credit or margin accounts (whether secured or unsecured); and to pledge assets for that purpose.

I further authorize my attorney-in-fact to take all other actions as may be necessary or appropriate for my personal well-being and the management of my affairs, as fully and as effectively as if made or done by me personally.

Despite the foregoing powers, my attorney-in-fact may not (i) deal with insurance policies I own on the life of my attorney-in-fact, or (ii) except as specifically authorized by this power of attorney, distribute assets so as to discharge a legal obligation of my attorney-in-fact.

My attorney-in-fact shall keep full and accurate inventories and accounts of all

transactions for me as my agent. Such inventories and accounts will be made available for inspection upon request by me or by my guardian or personal representative. My attorney-in-fact need not file any inventory or accounts with any court or clerk.

Any third party to whom this power of attorney is presented may rely upon an affidavit by my attorney-in-fact stating, to the best of my attorney-in-fact's knowledge and belief, that this power has not been revoked, that I am then living, and that no proceedings have been initiated to determine my incapacity. No third party relying on this power and that affidavit will be liable for any losses, damages, or claims caused by compliance with the action requested by my attorney-in-fact, unless that third party has actual knowledge of my death or the revocation of this power.

This durable power of attorney will not be affected by my subsequent incapacity except as provided in O.C.G.A. § 10-6-36. It is my specific intent that the power conferred on my attorney-in-fact will be exercisable from the date of this instrument, notwithstanding my subsequent disability or incapacity, except as otherwise specifically provided by statute.

If any part of this power of attorney is declared invalid or unenforceable, that decision will not affect the validity of the remaining parts.

My attorney-in-fact does not have an affirmative duty to act under this power of attorney and will not be liable for any claim or demand arising out of her acts or omissions, except for willful misconduct or gross negligence.

In witness whereof, I have executed this durable power of attorney on  
November 22, 2009

Signed, sealed and delivered  
In the presence of:

[Signature]  
Witness  
[Signature]  
Witness

Mary Jane Angel Gregory  
Mary Jane Angel Gregory

State of Georgia  
County of Catoosa

On this 22<sup>nd</sup> day of November, 2009, before me personally appeared Mary Jane Angel Gregory, to me known to be the person described in and who executed the foregoing instrument, and acknowledged that such person executed the same as such person's free act and deed.

[Signature]  
Notary Public

