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SECRETARY OF STATE
TALLAHASSEE, FI ORIDA

D. BRUCE

OCT 06 2008

EXAMINER

COVER LETTER

TO:	Registration Se Division of Cor		•				
SUBJI	ECT: ANGEL	A LAND, LLC					Ð
5020.			nited Liability Company)				u
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please	return all correspo	ondence concerning this matter	to the following:				
		David B. Smith, Esquire		***			
			(Name of Person)				
Law Office of David B. Smith			mith		A.SE	80	
-			(Firm/Company)		器	0CT	-77
		31 - 54th Street North			ARY	-3	TLED
			(Address)		The the		
		St Dataschuse El 2274	0		NOT VIS	₩ II: 5	0
		St. Petersburg, FL 3371	(City/State and Zip Code)		MAG MAG	55.0	
For fur	rther information c	oncerning this matter, please c	all:				
David	David B. Smith, Esquire at (727) 328-1587						
(Name of I		of Person)	(Area Code & Daytime Telephone Number)				
Enclos	ed is a check for the	ne 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)			
	Registr Divisio P.O. Bo	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ons r Circle			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ANGELA LAND, LLC		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears or Liability Company)	our records.)
The Articles of Organization for this Limited Liability Compar		
		and assigned
Florida document number L04000025949		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
N/A		
The new name must be distinguishable and end with the words "Lin"L.L.C."	mited Liability Company,'	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	N/A	TAS Q
(Principal office address MUST BE A STREET ADDRESS)		CCR.LA
		HASS P
		SER -3
Enter new mailing address, if applicable:	N/A	#9 <u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		57 = 0
intuing must be in the best of the body		D. T. 5
		_
B. If amending the registered agent and/or registered	office address on our	records, enter the name of the ne
registered agent and/or the new registered office address he		
Name of New Registered Agent: N/A		
New Registered Office Address:	(Finter	Florida street address)
	(Emer	z toriuu sireer uuuressy
	(C:4.)	, 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 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 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 **Title** <u>Name</u> **Address Type of Action** MGRM WALTER PADOVAN 5901 Sun Blvd., Ste. 202 🕡 Add St. Petersburg, FL 33715 Remove DAVID PADOVAN MGRM 5901 Sun Blvd., Ste. 202 **∄** ✓ Add St. Petersburg, FL 33715 Remove _ Add Remove Remove ſ**™** Add Remove r Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) N/A October 1 2008 Signature of a member or authorized representative of a member

Page 2 of 2

David B. Smith, Esquire

Filing Fee: \$25.00

Typed or printed name of signee