## L06000049739

The survey of	
(Requestor's Name)	
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(City/State/Zip/Phone #)	
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(Business Entity Name)	
(Document Number)	
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09/11/09--01018--010 \*\*25.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

FILED

## **COVER LETTER**

Division of C	orporations				
`SUBJECT:	Miami Ange	el Properties, LLC			
		ed Liability Company		_	
•					
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.			
Please return all corres	pondence concerning this matter	to the following:			
		Ross Milroy			
		Name of Person			
	Mian	ni Angel Properties, Li	LC		
		Firm/Company		<del></del>	
		3620 NE 2nd Ave		75. Z	
	Address		LECS SECS	and a	
		Miami, FL 33137		2009 SEP I SECRETAI TALLAHAS	
	, , , , , , , , , , , , , , , , , , ,	City/State and Zip Code		— XX —	
	ro	ssmilroy@gmail.com		PH I2: 09 OF STATE E. FLORID	<u>;</u>
	E-mail address: (t	o be used for future annual repo	rt notification)	- R	•
For further information	n concerning this matter, please c	all:			
	Ross Milroy	at ( 305 )	673-5300		
Name	e of Person		Daytime Telephone Nur	mber	
Enclosed is a check for	r the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is er	Certi	Filing Fee, ificate of Status & ified Copy	

**MAILING ADDRESS:** 

**Registration Section** 

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Miami	Angel Pro	operties, LLC	· · ·		
(Name of the Limited Liab (A Flor	<u>pility Compan</u> rida Limited Li	y as it now appears of ability Company)	n our records.)		
The Articles of Organization for this Limited Liabili  Florida document number L06000049739  This amendment is submitted to amend the followin  A. If amending name, enter the new name of the	ity Company (	were filed on	5/1/2006	and 2009 SEP 11 PH 12:	gned
The new name must be distinguishable and end with the "L.L.C."	e words "Limit	ed Liability Company,	" the designation		obreviation
Enter new principal offices address, if applicable	:	3620 NE 2nd Av	/e		
(Principal office address MUST BE A STREET ADDRESS)		Miami, FL 3313	7		
Enter new mailing address, if applicable:		3620 NE 2nd Av	/e		
(Mailing address MAY BE A POST OFFICE BOX)		Miami, FL 3313	7		
B. If amending the registered agent and/or registered agent and/or the new registered office  Name of New Registered Agent:  New Registered Office Address:  3		d Ave	records, enter	ddress	
_		Miami	, Florida _	33137 Zip Code	
		City		zip Coae	

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

4

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			Remove
			Add Remove
<del></del>		A L	ddd CD Bemove
			SED JAdd
		FLORIDA	
		D.	Add Remove
D. If amend	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.,	)
_			
_			
Dated	,	Milwof.	
	Signature of a membe	er or authorized representative of a member	
	, m	Ross Milroy	
	Lypec	i or primied nametot signee	

Page 2 of 2

Filing Fee: \$25.00