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(Ad	dress)	
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(Document Number)		
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J. SAULSBERRY EXAMINER MAY 21 2013

COVER LETTER

TO: Registration Division of Co		
SUBJECT:	MIAM ANGEL PROPERTIES, LLC	
-	Name of Limited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are submitted for filing.	
Please return all corresp	pondence concerning this matter to the following:	
	Ross Milroy	
	Name of Person	
	Miam A-44EL PROPERTIES, LLC	
	Firm/Company	
	429 LEMOX AVE, SIE PSOS	
	Address	
	Mitmi 3644, FL 33139	z
	City/State and Zip Code	ALL DESCRIPTION
	Rossa Maplof.um	
	E-mail address: (to be used for future annual report notification)	7-0
For further information	concerning this matter, please call:	6
Ross	Mickoy at (305) 788-1220	
Name	of Person Area Code & Daytime Telephone Number	— <u>— — — — — — — — — — — — — — — — — — </u>
Enclosed is a check for	the following amount:	
\$25.00 Filing Fee	U\$30.00 Filing Fee & U\$55,00 Filing Fee & U\$60.00 Filing F	

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

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

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MIAMM ANGEL PR	operties, LLC	
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our recor ability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Company Florida document number <u>LOGOCO 49739</u> .	were filed on <u>5 1 2000</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and end with the words "Limite "L.L.C."	ed Liability Company," the design	ation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	nla	
(Principal office address MUST BE A STREET ADDRESS)		
		28
Enter new mailing address, if applicable:	nla	HAY.
(Mailing address MAY BE A POST OFFICE BOX)		20
B. If amending the registered agent and/or registered off	ice address on our records,	
registered agent and/or the new registered office address here	:	3» (0
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida str	eet address
	, Flor	ida
	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 Changing Registered Agent, Signature of New Registered Agent

	g Member being added or removed fro	our dat Lecolds:	
MGR = Ma MGRM = M	nager fanaging Member		
Title	<u>Name</u>	Address	Type of Action
MGRM	MARC KNIGHT, P.A.	227 MICHIGAN AVE #201	Add
		MiAmi BBACH, FL 33139	Remove
MGRM	MARC KNIGHT	227 MICHIGAN AVE #2) X Add
		MIAMI BEACH, FL 3313	Remove
			Add
			Remove
			2013 MAY 20
			Add Y 20 Remotre
			H 8:39
			Add
			Remove
4	-		
		***************************************	Remove

D. Komor	ding any other information acts aborated have (death additional shorts (functional)
D. II auici	iding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<u>. </u>	
)
Dated	May 17 2013 Run Vac
	Signature of a member or authorized representative of a member
	Ross W. Mickey
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

7013 MAY 20 AM 8: 39