0000109391

	(Requestor's Name)			
	(Address)			
	(Address)			
	(City/State/Zip/Phone #)			
PICK-U	P WAIT MAIL			
; } f	(Business Entity Name)			
	(Document Number)			
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SECRETARY OF STATE ONS DIVISION OF CORPORATIONS

COVER LETTER

Registration Section

TO:

Division of	Corporations					
SUBJECT: Ange	el Dreams, LLC					
50bJEC1		imited Liabili	ty Company)			
The enclosed Article	es of Amendment and fee(s) are su	ıbmitted for fi	ling.			
Please return all cor	respondence concerning this matte	er to the follow	ving:			
	Averill Gordon			·		
		(Name of Perso	n)			ON ON
	Angel Dreams, LLC					JU SIGN
		(Firm/Company	у)			4 PA
	10317 Planters Woo	od Dr				CORP CORP
		(Address)	<u> </u>			OT JUN 11 PM 2: 42
	Jacksonville, FL 32	210				NOF CORPORATIONS
		y/State and Zip	Code)	·		0.
		·				
For further informat	ion concerning this matter, please	call:				
Averill	Gordon	at (_	904	477-3	3853	
	(Name of Person)				: Telephone Number)	
Enclosed is a check fo	r the following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certif	Filing Fee & fied Copy lional copy is end	closed)	\$60.00 Filing Fe Certificate of Status Certified Copy (additional copy is	&
Ro Di P.	AILING ADDRESS: egistration Section ivision of Corporations O. Box 6327 allahassee, FL 32314	·	STREET/A Registration Division of Clifton But 2661 Exec Tallahasses	on Section f Corpora ilding outive Cer	ntions nter Circle	

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Angel Dreams, LLC (Name of Lin	nited Liability Company)	
The enclosed Articles of Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspondence concerning this matter	to the following:	
Averill Gordon		
(N	Name of Person)	07
Angel Dreams, LLC		SION
(F	Firm/Company)	OF TAR
10317 Planters Wood		PH PH
Jacksonville, FL 322	(Address)	OT JUN 11 PM 2: 42
<u> </u>	State and Zip Code)	
For further information concerning this matter, please ca	all:	
Averill Gordon	at (_904) 477-3	3853
(Name of Person)	(Area Code & Daytime	e Telephone Number)
Enclosed is a check for the following amount:		
\$25.00 Filing Fee \$\times \text{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:	STREET/COURI	ER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u> </u>	(Present Name) (A Florida Limited Liability Company)	·
FIRST:	The Articles of Organization were filed on document number L06000109391 and assigned	
SECOND:	This amendment is submitted to amend the following:	
	Address:	
	Fr: 10317 Planters Wood Dr	
	Jacksonville, FL 32218	0
		JUN
	To: 11533 Jerry Adam Dr	OF CO
	Jacksonville, FL 32218	OF CORPORATIONS
		7: 42
	The state of the s	
	10-10-10-10-10-10-10-10-10-10-10-10-10-1	
Dated Ju	ne 7	
	•	
	Averill D. Gordon	
	Signature of a member or authorized representative of a member Avecili D. Goodon	
	Averill D. Gordon Typed or printed name of signee	

Filing Fee: \$25.00