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JUL 12 YEES D. BUTTER

COVER LETTER

TO: Registration Section Division of Corporation	s		
SUBJECT: Anglins	Beach Cake Name of Limite	LCC d Liability Company	 .
The enclosed Articles of Amendme	ent and fee(s) are subm	nitted for filing.	13 J T
Please return all correspondence co	oncerning this matter to	o the following:	88.
	Elias M	Name of Person	-8 PH 6: 38
-		Firm/Company	
	2 Commer	Address	
	Laududale - E Karen © E-mail address: (10	Oy-the-Sea FL 3. City/State and Zip Code Ohlintax. com be used for future annual report notification	3308
For further information concerning			
Elias Marchelos Name of Person		at (954) 771-2900 Area Code & Daytime Tel	
Enclosed is a check for the following	ng amount:		
	00 Filing Fee & ertificate 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

	afe LLC	
(<u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our a Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Florida document number		and assigned
This amendment is submitted to amend the following: A. If amending name, enter the new name of the line		13 JUL -8 SECREPARY SALLAHASSE
The new name must be distinguishable and end with the w"L.L.C."	ords "Limited Liability Company," the o	designation "LLCC" or the abbreviation
Enter new principal offices address, if applicable:		28
(Principal office address MUST BE A STREET ADD	ORESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regi registered agent and/or the new registered office ad	stered office address on our reco dress here:	rds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florid	da 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 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 = Månager

MGRM = Managing Member Title Type of Action <u>Name</u> **Address** Spiro Marchelos Merm 2 Commercial Blud. Lauderdal-by-the-Sea FL 33308 Remove 2 Commercial Blud. XAdd Elias Marchelos MORM Landerdale by-the Sea FL 33308 Remove Remove Remove Remove

		ation, enter change(s) here: (Attach additional sheets, if necessary.)
<u></u>	ine 25	
		ignature of a member or authorized representative of a member
	51,	gnature of a member of authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00

