

108000029281

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

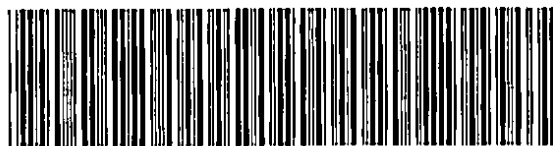
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500322025125

12/17/16--01016--025 \*\*25.00

APPROVED  
AND  
FILED  
2018 DEC 17 PM 4:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

30  
14

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Angel Investment Properties of Sanibel, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alexa Score  
Name of Person

Firm/Company

500 E. Gunt St. #1707  
Address

Minneapolis MN 55404  
City/State and Zip Code

alexascore@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alexa Score at (612) 325-7724  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

Angel Investment Properties of Sanibel, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 3/21/2008 and assigned Florida document number 208000029281.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

6445 Warm Springs Ave  
Bolse ID 83716

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

500 E Girard St  
#100  
Minneapolis MN 55404

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

, Florida

City

Zip Code

APPROVED  
AND  
FILED  
2018 DEC 17 PM 4:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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 605, 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

Attending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
THU Manager	Edward Anderson	2264 Troon Ct	<input type="checkbox"/> Add
		Sanibel FL 33957	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
THU Manager	Catherine Anderson	2264 Troon Ct	<input type="checkbox"/> Add
		Sanibel FL 33957	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<del>THU Manager</del>	<del>XXXXXXXXXXXX</del>	<del>XXXXXXXXXXXX</del>	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

APPROVED  
AND  
FILED  
2018 DEC 19 PM 3:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Please change address of registered agent:

~~current:~~

NEW

Alexa Score

Alexa Score

3119 Gulfstream Rd

500 E Grant St #170

Orlando FL 32805

Minneapolis MN 55404

Please change the address of title Manager, Alexa Score

current:

NEW

3119 Gulfstream Rd

500 E Grant St. #1707

Orlando FL 32805

Minneapolis MN 55404

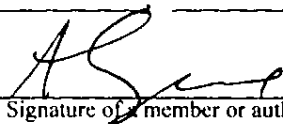
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated 12/16/18



Signature of member or authorized representative of a member

Alexa Score

Typed or printed name of signee

APPROVED  
AND  
FILED  
2018 DEC 17 PM 4:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA