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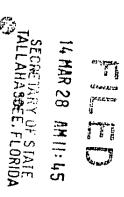
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COVER LETTER

Registration Section TO: **Division of Corporations** Angela Wagner, 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: Angela Wagner Name of Person Angela Wagner, LLC 13207 La Sabina Dr. Address Delray Beach, FL 33446 City/State and Zip Code drangelawagner@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Angela Wagner Name of Person Daytime Telephone Number Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

□ \$30.00 Filing Fee & 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:

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

Angela Wagner, LLC				
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on or nited Liability Company)	ur records.)		
The Articles of Organization for this Limited Liability Comp.	pany were filed on3	13 2009	and assi	gned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability company here:			
Angela Kogan, LLC				
The new name must be distinguishable and end with the words "Limited	Liability Company," the design	ation "LLC" or the al	breviation "L	.L.C."
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDRESS	<u></u>	y	14 14	
		2		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		3	128	Grants Section 1
Enter new mailing address, if applicable:		, , , , , , , , , , , , , , , , , , ,	η ₋ < η ₋	
(Mailing address MAY BE A POST OFFICE BOX)		ŗ	5 = =	H-search H e (:
			Str.	"Kaggasa"
		3	>	
B. If amending the registered agent and/or registere registered agent and/or the new registered office address Name of New Registered Agent:			the name	of the n
New Registered Office Address:	13207 La Sabi	na Dr.		
How Registered Office Address.	Enter Florida str	eet address		
	Delvay Beach	. Florida	33446	
	-Cily		Zip Code	
New Registered Agent's Signature, if changing Registered Agent	gent:			

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

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Angela Kogan	13207 La Sabina Dr	■ Add
			□ Remove
MGR	Angela Wagner	13207 La Sabin₁Dr	□ Add
			Remove
			ALLAH)
			ASSEE, FLORIDA Add
-			□ Remove
			□ Remove
			Add
			□ Remove

D. II am	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
·	I am the same person as Angela Wagner - name change
	Jam the Same person as Angela Wagner - name change due to marriage.
(The ef	tive date, if other than the date of filing: [cetive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after ate this document is filed by the Florida Department of State)
Dated	3/26/14, 2014.
Dated	angely Kosan
Dated	Signature of a member of authorized representative of a member
Dated	angely Kosan

Page 3 of 3

Filing Fee: \$25.00

14 MAR 28 AM II: 45
SECHETARY OF STATE
TALLAHASSEE, FLORIDA