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EXAMINER

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COVER LETTER

FO: Registration Sect Division of Corpo					
SUBJECT:	ANGEL INTERN	ATIONAL GROUP	LLC		
	Name of Limi	ted Liability Company		-	
The enclosed Articles of A	mendment and fee(s) are sub	unitted for filing.			
Please return all correspond	dence concerning this matter	to the following:			
		JULIO C PICCO Z			
		Name of Person		2	
	JCP ACCOUN	ITING AND TAX SER\	/ICES I.I.C		as arts study
		Firm/Company		2009 NOV 23 SCERELAR TALLAHASS	
				888 888	**************************************
	7601 E	TREASURE DR STE	2014		
		Address		PH 1: 05	
	NORTH	BAY VILLAGE, FL. 3	3141	65 85	
		City/State and Zip Code			
	piccojulio@	@jcpaccountingandtaxe	es.com	_	
	E-mail address: (t	o be used for future annual report	t notification)		
For further information cor	ncerning this matter, please c	all:			
JULIC	C PICCO Z	at (786)	3486261		
Name of I	Person	Arca Code & D	aytime Telephone Numb	ber	
Enclosed is a check for the	following amount:				
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is end	Certific closed) Certific	Filing Fee, cate of Status & led Copy onal copy is encl	losed)

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 I (Name of the Limited	NTERNATION LIABILITY Compa	ONAL GROUP LLO	C r records.)		_	
(A	Florida Limited I	ny as it now appears on ou liability Company)				
The Articles of Organization for this Limited Li Florida document number L09000098		were filed onFLORII	DA ESTAT	<u>E</u> and	assigned	đ
This amendment is submitted to amend the follow	owing:					
A. If amending name, enter the new name of	the limited liab	ility company here:				
The new name must be distinguishable and end with "L.L.C."	h the words "Limi	ted Liability Company," the	designation "	LLC" or th	ne abbrev	viation
Enter new principal offices address, if applica	7601 E TREASURE	DR	Ar.	2089		
(Principal office address MUST BE A STREET ADDRESS)		MIAMI BEACH, FL.	33139	P.S.	NOV	
				- Color Color	<u> </u>	-
Enter new mailing address, if applicable:		7601 E TREASURE	DR STE 2	$I = I_{A^{n+1}}$	PH	17
(Mailing address MAY BE A POST OFFICE BOX)		NORTH BAY VILLA	GE, FL. 33	3141	***	(
				<u>Dai</u>	05	
B. If amending the registered agent and/or registered agent and/or the new registered off			ords, <u>enter 1</u>	the name	of the	: new
Name of New Registered Agent:	MARIA E RA	ANGEL			··	
New Registered Office Address:	7601 E TRE	REASURE DR				
		Enter Florida street address				
	MIA	MI BEACH	, Florida			
		City			Zip Code	
New Registered Agent's Signature, if changing R	egistered Agent;					
I hereby accept the appointment as registered the provisions of all statutes relative to the pr accept the obligations of my position as regis, being filed to merely reflect a change in the re company has been notified in writing of this co	oper and compl tered agent as p egistered office	lete performance of my d provided for in Chapter 6	uties, and I d 108, F.S. Or,	am famili if this do	ar with cument	and

Page 1 of 2

If Changing Registered Agent, Signature of New Registered Agent

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 = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	CHRISTIAN V ARCE	345 OCEAN DR # 407 MIAMLBEACH, FL, 33139	Add Remove
			Add Remove
			Add Rebave
die ned	**************************************		Add:
			Add Remove
- 			Add Remove
D. If amend	ding any other information, enter	change(s) here: (Attach additional sheets, if necessar	y.) —
<u>-</u>			
 Dated	NOVEMBER 14	2009	
	4	COLONIA DE LA CO	
		MARIA E RANGEL Typed or printed name of signee	

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Filing Fee: \$25.00