(Reques	tor's Name)	
,		
(Address	<i>(i</i>	
(Address	s)	
(City/Sta	te/Zip/Phone #)	
PICK-UP	] WAIT	MAIL
(Busines	s Entity Name) .	
(Docume	ent Number)	
Certified Copies	Certificates of Status	s
Special Instructions to Filing	Officer	

A. LUNT

APR - 5 2010

**EXAMINER** 

Office Use Only



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04/02/10--01027--008 \*\*60.00

## **COVER LETTER**

SUBJECT: Angel Tax Sarvice  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:
Malter Jafferson Name of Person
Argel Tax Scrvice Firm/Company
1210E WH 008
Address  Address  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Suice Green at 78691-8336  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:  \$\sum_\$25.00 \text{ Filing Fee} \sum_\$30.00 \text{ Filing Fee} \sum_\$60.00 \text{ Filing Fee},
\$25.00 Filing Fee \$\sum \text{2\$30.00 Filing Fee & Certificate of Status}\$  Certificate of Status \$\sum \text{Certified Copy (additional copy is enclosed)}\$  Certified Copy (additional copy is enclosed)

TO:

**Registration Section Division of Corporations** 

> 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

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 we Florida document number	vere filed on	_ and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability	ity company here:		
The new name must be distinguishable and end with the words "Limite "L.L.C."			
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	800 NW 201 str Miami, Sl 33	1109	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	AHASSEE FL	FILED APR-2 PH 2	
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ce address on our records, enter the	name of the nev	
Name of New Registered Agent:	N = 0		
New Registered Office Address:	Enter Florida 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 = Manager

<u>Title</u>	Name	Address	Type of Action
<u> Wher</u>	Malter Jefferson	800 HW 201 St miam: 26 33169	Add Remove
	<del></del>		
	•		
		A	☐ Add
D. If amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessar)	
Dated	1/1/2010 Olingon Gree	 NL	
	Olivia Girugne	or authorized representative of a member  Constitution of signee	

Page 2 of 2

Filing Fee: \$25.00