

L10000041530

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

DEC 21 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ANGELS TELEPHONE ANSWERING SERVICE
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:

Winifred Rayson
Name of Person

Angels Telephone Answering Service
Firm/Company

615 SW ST. LOUIS Crescent Blvd Ste 103
Address

Shawnee, FL 34994
City/State and Zip Code

ANGELS TELEPHONE SVC@HOTMAIL.COM
E-mail address. (to be used for future annual report notification)

For further information concerning this matter, please call:

KENNETH RAYSON

772-634-0696

Kenneth Rayson at (772) 634-0696
Name of Person Area Code & 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)

2155.00

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

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TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

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

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 1-16-2010

Florida document number L10000041530

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Winifred Baxton
915 SE 8th St
Stuart, FL 34994

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Winifred Baxton

New Registered Office Address:

915 SE 8th St
Enter Florida street address

Stuart, Florida 34994
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.

[Signature]
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>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>JASON RAYSON</u>	<u>770 Sandy St. Ste 300</u> <u>Norristown, PA 19401</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>MGRM</u>	<u>Winfred RAYSON</u>	<u>918 SE 8th St.</u> <u>Stuart, FL 34994</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGR</u>	<u>KENNETH RAYSON</u>	<u>918 SE 8TH STREET</u> <u>STUART FLA. 34994</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

X Dated 12.17.10

X [Signature]
Signature of a member or authorized representative of a member
X Winfred RAYSON
Typed or printed name of signer

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TALLAHASSEE, FLORIDA