

L100000666002

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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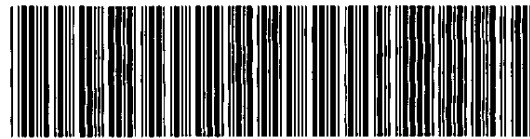
(Business Entity Name)

(Document Number)

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2010 AUG 26 AM 10:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

C. LEWIS  
AUG 27 2010  
EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 18, 2010

ED SANTOS  
SANTOS ASSOCIATES  
1961 NW 150TH AVE., STE. 104  
PEMBROKE PINES, FL 33028

SUBJECT: ANGELS' ETERNAL LIGHT COMPANY, LLC  
Ref. Number: L10000066602

We have received your document for ANGELS' ETERNAL LIGHT COMPANY, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Carolyn Lewis  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 810A00019849

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ANGELS' ETERNAL LIGHT COMPANY, 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:

ED SANTOS, Enrolled Agent  
Name of Person

SANTOS ASSOCIATES  
Firm/Company

1961 NW 150<sup>th</sup> Ave, Suite 104  
Address

Pembroke Pines, FL 33028  
City/State and Zip Code

ed@low-tax.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Susan Santos-Stevens at 954 437-1040  
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)

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

FILED

2010 AUG 26 AM 10:56

ANGELS' ETERNAL LIGHT COMPANY, LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on June 22, 2010 and assigned  
Florida document number L100000066602

This amendment is submitted to amend the following:

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

ANGELS' ETERNAL LIGHT CANDLE COMPANY, LLC.

The new name must be distinguishable and end with 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)

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:

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 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>           |
|--------------|-------------|----------------|---------------------------------|
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
|              |             | _____          | <input type="checkbox"/> Remove |
|              |             | _____          |                                 |
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
|              |             | _____          | <input type="checkbox"/> Remove |
|              |             | _____          |                                 |
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
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| _____        | _____       | _____          | <input type="checkbox"/> Add    |
|              |             | _____          | <input type="checkbox"/> Remove |
|              |             | _____          |                                 |

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated 8/24, 2010.

*Paula Hardison; Ron Legler*

Signature of a member or authorized representative of a member

PAULA HARDISON ; RON LEGLER

Typed or printed name of signee

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED