

L11000042988

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

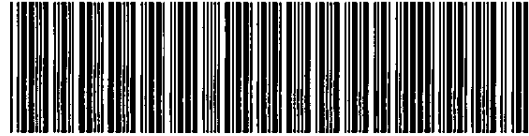
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2011 OCT 20 PM 1:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. HAMPTON

OCT 21 2011

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ANGEL FALLS PROPERTIES, 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:

ELENA MONIZ

Name of Person

ELENA MONIZ PA

Firm/Company

18331 PINES BLVD #149

Address

PEMBROKE PINES FL 33029

City/State and Zip Code

moniz2807@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ELENA MONIZ

Name of Person

at (**754**) **422-3722**

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**

ANGEL FALLS PROPERTIES, LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 04/11/2011 and assigned
Florida document number L11000042988.

This amendment is submitted to amend the following:

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

N/A

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)

18331 PINES BLVD #149

PEMBROKE PINES FL 33029

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

18331 PINES BLVD #149

PEMBROKE PINES FL 33029

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:

ELENA MONIZ PA

New Registered Office Address:

18331 PINES BLVD #149

Enter Florida street address

PEMBROKE PINES

Florida

33029

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.

Elena Moniz

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>
MGRM	MARIBEL DUARTE	10749 NW 70th Ln Miami, FL 33178	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	ABEL D GONCALVES	10749 NW 70th Ln Miami, FL 33178	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	DUBRASKA GONCALVES	10749 NW 70th Ln Miami, FL 33178	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	CEDENO, LEIDY A	314 SW 26TH PL CAPE CORAL FL 33991	<input type="checkbox"/> Add <input checked="" 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.)

Listing of Members and Participation:

Maribel Duarte de Goncalves: Ninety five percent participation (95%)

Dubraska Goncalves: Two and half percent participation (2.5%)

Abel D Goncalves: Two and half percent participation (2.5%)

Dated October 15, 2011

Signature of a member or authorized representative of a member

LEIDY CEDENO

Maribel Duarte de Goncalves

Typed or printed name of signer

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