

L11 000127253

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
18 JUL -9 AM 8:13

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JUL 12 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ANGELA RAYMOND 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:

STEVEN CARUSO  
Name of Person

MILLER + CARUSO LLC  
Firm/Company

456 N. HARBOR CITY BL  
Address

MELBOURNE FL 32935  
City/State and Zip Code

MELBOURNE TAX SLAYER C GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

M. KINZER at ( 321 ) 259 7704  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

18 JUL -9 AM 8:14  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

ANGELA RAYMOND LLC  
(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 were filed on 11/8/2011 and assigned  
Florida document number L11000127253.

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 contain 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)

618 E 21ST ST

APT B2

BROOKLYN, NY 11226

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

618 E. 21ST ST

APT B2

BROOKLYN, NY 11226

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:

MILLER + CARUSO LLC

New Registered Office Address:

456 N HARBOR CITY BL

Enter Florida street address

MELBOURNE

City


Florida

32935

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 605, 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.

 for MILLER + CARUSO LLC  
If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	STEVEN CARUSO	456 N HARBOUR CITY BL	<input type="checkbox"/> Add
		MELBOURNE FL 32935	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	STEVEN CARUSO	618 E 21ST ST	<input checked="" type="checkbox"/> Add
		APT B2	<input type="checkbox"/> Remove
		BROOKLYN NY 11226	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

6/30/15

20/13  
Signature of a member or authorized representative

STEVEN CARUSO

Typed or printed name of signee