## 112000008405

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	#) .
PICK-UP	WAIT.	MAIL
(Ві	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	A. LU	JNT

FFB 13 2011

**EXAMINER** 

Office Use Only



100220373851

02/10/12--01021--027 \*\*25.00

SECNETARY OF STATE TALLAHASSEE: FLORIDA

2012 FEB 10 EM 1: 8

F

## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT:	Angel Real	ty Associates, LLC			
		ited Liability Company			
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.			
Please return all corresp	pondence concerning this matte	r to the following:			
		Jasenia L. Miranda		_	
		Name of Person			
	Ange	el Realty Associates, LL	.c	_	
		Firm/Company			
	82	5 Virginia Woods Lane		E <sub>E</sub> 2	3
		Address		ΓΑ	
		Orlando, FL 32824		ZUIZ FEB 10 NEGRETARY ALLAHASSE	Time.
		City/State and Zip Code			-
	ange	realty2012@hotmail.co	m natification)		: 1
For further information	concerning this matter, please of	·	nouncation)	AGIND?	******
	enia L. Miranda	at ( <u>407 ·)</u> Area Code & Da	925-8013	<del></del>	
Name	of Person	Area Code & Da	aytime Telephone Numbe	श	
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 encl	osed) Certified	ate of Status &	osed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Registration S Division of Co Clifton Buildi	orporations ng re Center Circle		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Angel Rea	Ity Associates, LLC		
- ( <u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears of imited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Co	ompany were filed on		_ and assigned
Florida document number L12000008405			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company here:		
The new name must be distinguishable and end with the word "L.L.C."	ls "Limited Liability Company	"the designation " the designation ",	or eabbreviation
Enter new principal offices address, if applicable:		Z.	
(Principal office address MUST BE A STREET ADDRI	ESS)	() ^ () () () () () () () () () () () () ()	
		-11-7	
		25	
Enter new mailing address, if applicable:		9 m	(4) (4)
(Mailing address MAY BE A POST OFFICE BOX)			
,			
B. If amending the registered agent and/or registe registered agent and/or the new registered office address.		records, enter the	name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter	Florida street addres	3 <i>S</i>
		, Florida	
<del></del>	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGR	Jeffrey M. Chase	113 E. Steele Street Orlando, FL 32804	Add Remove
	<del>-</del>		☐ Add ☐ Remove
	<del>-</del>		Add Remove
			Add Remove
	<del></del>		Remove
<u>.                                    </u>	* ^~		Add Remove
D. If amend	ding any other information, o	enter change(s) here: (Attach additional sheets, if)	necessary.)
-			
Dated	February 8	2012	· .
	Signature	of a member or authorized representative of a member  Jasenia L. Miranda	
		Typed or printed name of signee	<del> </del>

Page 2 of 2

Filing Fee: \$25.00