L12000029521

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SECRETARY OF STATE

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COVER LETTER

	tration Se on of Cor	ection porations				
SUBJECT: _		Angle	er 21 LLC			
SUBJECT: _	· · · · · · · · · · · · · · · · · · ·	Name of Limit				
The enclosed A	Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return al	ll correspo	ondence concerning this matter	to the following:			
						TALLAHASSEE, FLORIB
			Name of Person			題第一
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For further info	ormation c	oncerning this matter, please co	all:			
Michae	el D.	Scionti	813 _{at}	417-7	' 444	
	Name of	f Person		de & Daytime T	elephone Numbe	er
Enclosed is a cl	heck for th	ne following amount:				
■ \$25.00 Filir		□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee Certified Copy (additional copy		Certifie	ate of Status &
	Registra	ING ADDRESS: ation Section	Registr	ation Section	R ADDRESS:	
Division of Corporations P.O. Box 6327			Division of Corporations Clifton Building			

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Angle 21 I		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our re- Liability Company)	cords.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L12000029521</u>	were filed on 03/01/2012	and assigned
, is it and the state of the st	•	
This amendment is submitted to amend the following:	,	
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and end with the words "Limi" L.L.C."	ited Liability Company," the des	ignation "LLC" or the abbreviatio
Enter new principal offices address, if applicable:		TEE T
(Principal office address MUST BE A STREET ADDRESS)		ALE ROLL
		SA P III
Enter new mailing address, if applicable:	3421 Gray Court	
(Mailing address MAY BE A POST OFFICE BOX)	Tampa, FL 33609	A STATE OF
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	ffice address on our record e:	s, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida	street address
		lorida
	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 **Title** <u>Name</u> **Address Type of Action** Russ L Renninger MGR 3612 WEST ROYAL PALM CIRCLE **TAMPA, FL 33629** & Change From MGRM Remove IXI Change MGR Remove Remove Remove

D. If ar	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Dated _	3/26/13/
	Signature of a member or authorized representative of a member Russ L Renninger
	Typed or printed name of signee

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Filing Fee: \$25.00

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