# L120000 32302

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SECRETARY OF STATE DIVISION OF CONFUGATIONS

APR - 9 2012 T. **HAMPTON** 

# **COVER LETTER**

TO:	Registration Section Division of Corpora				*	. ye.	£
SUBJI	ECT: Angel	Super Pak Name of Limi	ted Liability	Company	<u> </u>	LC.	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>
The en	closed Articles of Ame	endment and fee(s) are sub	omitted for f	ĭling.			
Please	return all corresponder	nce concerning this matter	to the follo	wing:			
	_	Mic	guel Name	of Person		<b></b>	
	_	Man Cil 1	Angel S	Oper Par	ety f	Rental	uc.
	-	480 W. 8	Ath S	H #	109		
		Hialear	1 FL	33014 and Zip Code	4		
	-	angels per Email address: (1	DARTU	Eqma future annual r	eport notif	) . fication)	
For fur	ther information conce	rning this matter, please c	all:				
	Miquel Name of Per	Gil	at (_	305) 2 Area Code		337 ne Telephon	e Number
Enclos	ed is a check for the fo	llowing amount:					
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certi	Filing Fee & ified Copy itional copy is		d)	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

ed 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 March 06, 2012, and assigned Florida document number L 12000032302 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 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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida \_

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 **Title** Address Name **Type of Action** 480 W 84th St # 109. 🔀 Add Remove HIALEAN, FL □ Add Remove ☐ Add ☐ Remove Add Remove  $\square$ Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

**Filing Fee: \$25.00**