112000065461

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
(Ottyotato/zipii lione #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
·					

Office Use Only



000235123040

FILING CANCELLED RETURNED CHECK

05/17/12--01030--017 **25.00

SECRETARY OF STATE

「. CLINE

MAY 29 2012

EXAMINER

W. W. Hel



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 18, 2012

GRACE ZAPPALA DAVID M. GOLDSTEIN, P.A. 286 N.E. 39TH STREET MIAMI, FL 33137

SUBJECT: LITTLE ANGEL CONSULTING, LLC

Ref. Number: L12000065461

We have received your document for LITTLE ANGEL CONSULTING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please cat (850) 245-6051.

Tammi Cline Regulatory Specialist II

Letter Number: 012A00014697

The Law Offices Of **DAVID M. GOLDSTEIN, P.A.**

286 N.E. 39TH Street MIAMI, FLORIDA 33137 TELEPHONE (305) 372-3535 TELEFAX (305) 577-8232

DAVID M. GOLDSTEIN*
ERGIO I. FERNANDEZ
MEMBER OF FL, NY & NJ BARS*

May 16, 2012

Division of Corporation Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 MINIMAY 29 PM 3: 19
SECRETARY OF STATE
TALL AHASSEE, FLORID

To Whom it May Concern.

Enclosed please find our check no. 6592 payable to the Department of State in the amount of Twenty Five (\$25.00) Dollars. Also enclosed is the cover letter with change from Little Angel Consulting, LLC to Little Angel Consultants, LLC.

Should you have any questions or concerns please do not hesitate to contact me at the office.

Sincerely,

Graco Zappala, Legal assistant

to David M. Goldstein

COVER LETTER

4 ()

TO:		ion Section of Corporations	
SUBJEC	CT:	LITTLE ANGEL CONSULTANTS, LLC	
		Name of Limited Liability Company	
The encl	losed Articl	eles of Amendment and fee(s) are submitted for filing.	
Please re	eturn all co	prespondence concerning this matter to the following:	
		Grace Zappala	
		Name of Person	
		Office of David L. Goldstein	
		Firm/Company	SE PE
		286 NE 39th Street	BECRETAR)
		Address	29 PARY OF ASSEE.
		Miami, Florida 33137	PH 3: 19
		City/State and Zip Code	M 3: 19 F STATE FLORID
		david@dmgpa.com E-mail address: (to be used for future annual report notification)	DM (a)
For furth	ner informa	ation concerning this matter, please call:	
		Grace Zappala at (305-372-3535	
	N	Name of Person Area Code & Daytime Telephone Number	
Enclosed	l is a check	c for the following amount:	
₹2 5.0	00 Filing Fe	Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified Copy	of Status &
· ·	R D P.	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Callahassee, FL 32314 MAILING ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FILING CANCELLED RETURNED CHECK

OF

(Name of the Limited	Angel (Liability Compar Florida Limited L	v as it now appears iability Company)	on our records.)	.c	
The Articles of Organization for this Limited Li	•	were filed on <u>5</u>	-14-12	and assig	ned
Florida document number	<u>· </u>				
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name of	f the limited liab	ility company here	:		
The new name must be distinguishable and end with	EL CON	VSU/TANT	ts. 110	7. P	
The new name must be distinguishable and end with "L.L.C."	h the words "Limi	ted Liability Compan	y," the designation	"LCC" or the ab	breviation
Enter new principal offices address, if applic	able: Jame	286 N.E	.39st	TAR ASS	L'imman
Enter new principal offices address, if applic (Principal office address MUST BE A STREE	T ADDRESS)	MIAM	I.FL.	33437	17
				S W	
				哥一	
Enter new mailing address, if applicable:	3 Am E	D86 N.C	=395P	. P	
(Mailing address MAY BE A POST OFFICE BOX)		MIAMI	FL 331.	37	
		,			
B. If amending the registered agent and/or the new registered of	or registered of fice address here	fice address on ou E: SAM€	ır records, <u>enter</u>	the name of	the nev
Name of New Registered Agent:	DAVI	1 M. G	oldstein	γ	
New Registered Office Address:	286 1	VE 39 S	<i>t</i>		
		Ente	er Florida street a		
	M	' A-M '	, Florida _	<u>33/37</u>	<i>7</i>
		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.

FILING CANCELLED RETURNED CHECK

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 = Mar MGRM = M Title	lanaging Member Name	<u>Address</u>	Type of Action
		286NE 39 ST MIAMI, FL 33/37	Some Add Remove
			Add Remove
			Add Remove
			Address 29
			Add Signature Si
- TO			Add Remove
	The Only Thing C	(s) here: (Attach additional sheets, if necessary	——————————————————————————————————————
	Consulting - Shoul	& be Consultants	
Dated	May 14 201		
	DAVID M.	or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00