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SECRETARY OF STATE ALLAHASSEE, FLORIDA

J. SAULSBERRY EXAMINER

NOV 28 2012

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: ANGEL	KEEPER'S ALAD	EMYI	•	
DOCUMENT NUMBER:					
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.			
Please return all corresp	pondence concerning this ma	tter to the following:			
-		Name of Contact Person  LOUNTING INC  Firm/ Company  AVE SUITE A  Address			
-	Ţ	ANAMALITY F City/ State and Zip Code	32405		
For further information	E-mail address: (to be us	ACLOUNTING 10 sed for future annual report	•	<b>2012 NOV 28 A</b> SECRETARY OF ALLAHASSEELF	
	ILE FAMBRO f Contact Person	at (_ <b>850</b> Area Co	de & Daytime Telephone Number	AHII: 23 OF STATE E. FLORIDA	Ö
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:		
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fce & Certified Copy (Additional copy is	□\$52.50 Filing Fee Certificate of Status Certified Copy		

Mailing Address
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

enclosed)

Street Address
Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

(Additional Copy is enclosed)

## ARTICLES OF AMENDMENT TÖ ARTICLES OF ORGANIZATION OF

Angel Keeners A (Name of the Limited Liab (A Flori	COCIETY J T ility Company as It now appears da Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liabilit	y Company were filed on <u>81</u>	21/2012 and assigned
Florida document number 11200010753	<u>,</u>	,
This amendment is submitted to amend the following	ŗ.	
A. If amending name, enter the new name of the l	limited liability company here:	•
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company	v," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	A.S.E.
		ARE NOTE OF THE PROPERTY OF TH
		AR) SSE
Enter new mailing address, if applicable:		
<u>(Mailing address MAY BE A POST OFFICE BOX)</u>		
	<u> </u>	<u></u>
B. If amending the registered agent and/or regregistered agent and/or the new registered office a		r records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter	Florida street address
<del></del>		, Florida
	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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member <u>Address</u> Type of Action **Title** <u>Name</u> MGRM Panama City IFR 32404 Remove Remove ☐ Remove Remove Add ☐Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated\_\_11/21/ , 2012. Signature of a member or authorized representative of a member Typed or printed name of signee -awonna

Page 2 of 2

Filing Fee: \$25.00