

L13000 037 409

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

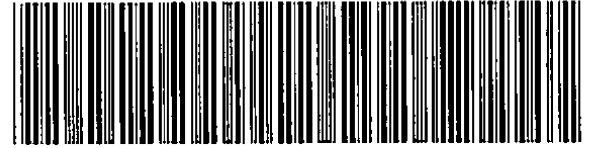
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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08/16/19--01123--107 14:00:00

2019 AUG 16 AM 8:46  
FILED

V. SULKER  
AUG 22 2019

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ANGELES KARATE LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

AMOR C ANGELES  
Name of Person  
ANGELES KARATE LLC  
Firm/Company  
15817 CRYING WIND DR  
Address  
TAMPA FL 33624  
City/State and Zip Code  
ACCOUNTANT9903@LIVE.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BETHANY SCHEIRER at (813) 563-6188  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

ANGELES KARATE LLC

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

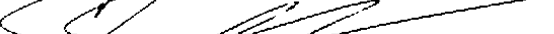
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	VILMA A ANGELES		<input type="checkbox"/> Add
		15817 CRYING WIND DRIVE TAMPA FL 33624	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	HOLY WATERS INTERNATIONAL INC	13950 LUGANO CT HUDSON FL 34669	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

  
Signature of a member or authorized representative of a member

AMOR C ANGELES  
Typed or printed name of signer