

L 13000102949

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13 NOV 26 PM 3:16
DEPT. OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

NOV 27 2013

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ANGELITA OF FLORIDA 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:

GLENN GOPMAN CPA

Name of Person

STROEMER & COMPANY LLC

Firm/Company

20590 WEST DIXIE HIGHWAY

Address

MIAMI, FL 33180

City/State and Zip Code

GLENNG@STROEMERCPA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GLENN GOPMAN

Name of Person

305 937-2272

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$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

ANGELITA OF FLORIDA LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on JULY 22, 2013 and assigned
Florida document number L13000102949.

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**)

1001 N FEDERAL HIGHWAY SUITE 317
HALLANDALE BEACH, FL 33009

Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

1001 N FEDERAL HIGHWAY SUITE 317
HALLANDALE BEACH, FL 33009

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

, 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>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	BRIDGE INVESTMENTS LLC	1001 N FEDERAL HWY	<input checked="" type="checkbox"/> Add
		SUITE 317	<input type="checkbox"/> Remove
		HALLANDALE BEACH, FL 33009	
MGR	ALEXIS C AGOPIAN	2645 NE 207TH STREET	<input type="checkbox"/> Add
		MIAMI, FL 33180	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated NOVEMBER 20, 2013



Signature of a member or authorized representative of a member

GLENN H GOPMAN

Typed or printed name of signee

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Filing Fee: \$25.00