

L14000023268

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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☐

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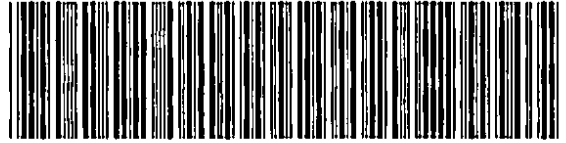
(Business Entity Name)

(Document Number)

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2019 MAR 29 PM 1:34
SECRETARY OF STATE
TALLAHASSEE FLORIDA

D. BRUCE
APR 08 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ANGIE'S MANAGEMENT GROUP 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:

ANGIE A ESPINOZA

Name of Person

ANGIE'S MANAGEMENT GROUP LLC

Firm/Company

355 NW 72 AVENUE

Address

MIAMI FL 33126

City/State and Zip Code

ANGIE@ANGIESMANGMTGRP.COM

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

For further information concerning this matter, please call:

ANGIE A ESPINOZA

954

842-0472

at ()

Name of Person

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

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2019 MAR 29 PM 1:34
TALLAHASSEE FLORIDA
CLERK OF STATE

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ANGIE'S MANAGEMENT GROUP LLC

(Name of the Limited 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 02/11/2014 and assigned Florida document number L14000023268.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

BOOKKEEPING & PAYROLL SOLUTIONS, LLC

The new name must be distinguishable and contain 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)

355 NW 72 AVENUE

MIAMI FL 33126

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

355 NW 72ND AVENUE

MIAMI FL 33126

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2019 MAR 29 PM 1:34
CLERK OF CIRCUIT COURT
JUDICIAL CIRCUIT IN AND FOR
DADE COUNTY, FLORIDA

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: ANGIE A ESPINOZA

New Registered Office Address: 355 NW 72ND AVENUE

Enter Florida street address

MIAMI, Florida 33126

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 605, 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 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>
MGR	ANGIE A ESPINOZA	355 NW 72ND AVENUE MIAMI FL 33126	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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2010 MAR 29 11:13 AM
DEPARTMENT OF STATE
TALLAHASSEE FLORIDA

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

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2019 MAR 29 PM 1:31
FEDERAL BUREAU OF INVESTIGATION
TALLAHASSEE, FLORIDA

03/25/2019

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated MARCH 25TH, 2019

Hospinozi

Signature of a member or authorized representative of a member

ANGIE A ESPINOZA

Typed or printed name of signee