

L14000038883

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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ALBANY STREET FLORIDA

MAR 19 2014  
D. BRUCE

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Association Saint Michael Archangel 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:

Miriam Pacheco  
Name of Person

\_\_\_\_\_  
Firm/Company

P.O. Box 2913  
Address

Fort Myers FL 33902  
City/State and Zip Code

mgpattres@edison.edu  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Miriam Pacheco at (239) 603-2612  
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

FILED  
2014 MAR 18 PM 12:21  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

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

Association Saint Michel Archangel 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 March 7, 2014 and assigned Florida document number 414000038883

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)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**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:

Miriam Pacheco

New Registered Office Address:

1723 Hough St

Enter Florida street address

Fort Myers

City

Florida

33902

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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	Miriam Pacheco	1723 Hough St Fort Myers FL 33907	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Natalia Rodriguez	3555 Glenn Dr. Fort Myers FL 33901	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Marisol Rios	3421 Winkler Ave Ext. Apt. 406 Fort Myers, FL 33916	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
AMBR	Marvin Torres	1723 Hough St Fort Myers, FL 33907	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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TALLAHASSEE FLORIDA

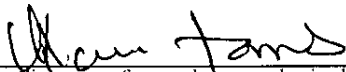
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Any and all legal business.

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 11 March, 2014.



Signature of a member or authorized representative of a member

Marvin G. Torres

Typed or printed name of signee

*Paid w/ money order  
#14-845141729*

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Filing Fee: \$25.00

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