

L15000061044

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA
OFFICE OF THE
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SUPREME COURT

SEP 19 2016
J. BRUCE

NO



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 9, 2016

ALVIN J. NASSAR
3343 W COMMERCIAL BLVD, SUITE 103
FORT LAUDERDALE, FL 33309

SUBJECT: ANGELICA PROPERTIES LIMITED LIABILITY COMPANY
Ref. Number: L15000061044

We have received your document for ANGELICA PROPERTIES LIMITED LIABILITY COMPANY, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 116A00019224

2016 SEP 16 PM 2:07
TALLAHASSEE, FLORIDA

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See enclosed

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Angelica Properties Limited Liability Company

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:

Alvin J. Nassar

Name of Person

Firm/Company

3343 W. Commercial Boulevard, Suite 103

Address

Fort Lauderdale, FL 33309

City/State and Zip Code

michellepesonen@aol.com

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

For further information concerning this matter, please call:

Michelle M. Pesonen

954 907-5262
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

FILED
2016 SEP 16 P 2:07
SECRETARY OF STATE
TALLAHASSEE, FL 32301

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

ANGELICA PROPERTIES LIMITED LIABILITY COMPANY

(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 04/07/15 and assigned
Florida document number L15000061044.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

3343 W. Commercial Boulevard, Suite 103

(Principal office address MUST BE A STREET ADDRESS)

Fort Lauderdale, FL 33309

Enter new mailing address, if applicable:

Post Office Box 367

(Mailing address MAY BE A POST OFFICE BOX)

Fort Lauderdale, FL 33302

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:

3343 W. Commercial Boulevard, Suite 103

Enter Florida street address

Fort Lauderdale

City

Florida

33309

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	Alvin J. Nassar	3343 W. Commercial Boulevard	<input type="checkbox"/> Add
		Suite 103	<input type="checkbox"/> Remove
		Ft. Lauderdale, FL 33309	<input checked="" type="checkbox"/> Change
MGR	Michelle M. Pesonen	3343 W. Commercial Boulevard	<input type="checkbox"/> Add
		Suite 103	<input type="checkbox"/> Remove
		Ft. Lauderdale, FL 33309	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
 2016 SEP 16
 TALLAHASSEE, FLORIDA

[illegible]

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.

Dated August 31, 2016

Signature of a member or authorized representative of a member

Typed or printed name of signee