L150000001044

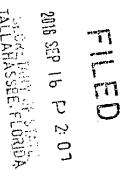
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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FLORIDA 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

www.sunbiz.org

COVER LETTER

10: Registration Se Division of Cor				
Angelica Pr	roperties Limited Liability Con	npany		
Sobole II	Name of Lim	ited Liability Company		
	Amendment and fee(s) are sub-			
rease return an correspo	ondence concerning this matter Alvin J. Nassar	to the following:		
		Name of Person		
		Firm/Company		
	3343 W. Commercial Boul	levard, Suite 103		
		Address		
	Fort Lauderdale, FL 33309)		
	michellepesonen@aol.com	City/State and Zip Code	2016 SEP	-47
	E-mail address: (to be used for future annual report notific	cation)	
For further information of	concerning this matter, please ca	all:	ASSEL OF P	
Michelle M. Pesonen		954 907-5262 at ()	<u> </u>	C
Name o	f Person		Telephone Number	
Enclosed is a check for the	he 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**

ANGELICA PROPERTIES LIMITED LIABILITY COMPANY

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

(A Florida Limited I	Liability Company)	_ ′	
The Articles of Organization for this Limited Lia Florida document number L15000061044	ability Company	were filed on 04/07/15	a	and assigned
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liab	ility company here:		
The new name must be distinguishable and contain the wo	rds "Limited Liabil	lity Company," the designation "LLC	" or the abbrevia	tion "L.L.C."
Enter new principal offices address, if applica	ble:	3343 W. Commercial Boulevar	d, Suite 103	
(Principal office address MUST BE A STREET	ADDRESS)	Fort Lauderdale, FL 33309		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>80X)</u>	Post Office Box 367 Fort Lauderdale, FL 33302		
B. If amending the registered agent and/o registered agent and/or the new registered off Name of New Registered Agent:			克。	name of the new
New Registered Office Address:	3343 W. Comm	nercial Boulevard, Suite 103	1::-	<u> </u>
New Registered Agent's Signature, if changing Ro	Fort Lauderdale	City , FIG	orida <u>33</u> 309	T J
A CENTRE OF THE PROPERTY OF TH	egisteren 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>	Name	Address	Type of Action
MGR	Alvin J. Nassar	3343 W. Commercial Boulevard	□ Add
		Suite 103	□ Remove
		Ft. Lauderdale, FL 33309	□ Change
MGR	Michelle M. Pesonen	3343 W. Commercial Boulevard	
		Suite 103	Remove
		Ft. Lauderdale, FL 33309	⊟ Change
			□ Remove
			Change
			All Change
			Remove
			Change
			Add
			☐ Remove
			□ Change

Ffective date, if other than the date of filing:	•	W1-12			
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 ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as occument's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of The 90th day after the record is filed. August 31 August 31 Signature of a member or authorized representative of a member					
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Filing Fee: \$25.00