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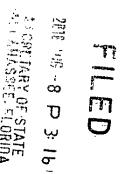
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Angels Remodeling & Construction LLC Name of Linking Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Person
Angels Remodeline of Construction LLC
2400 East OAkland Park Blvd. Ste 100
FOR Landerdale, FL 33306 City/State and Zip Code
Nicke R 0.18 Q 0. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (954) 825 509 2 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & \Bigcup \\$55.00 Filing Fee & \Bigcup \\$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

The Articles of Organization for this Limited Liability Company were filed on ______ Florida document number <u>L15000</u> 101 633 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: (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: New Registered Office Address: Enter Florida street address , Florida

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.

City

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 = Au	ithorized Member		
title ANBR	Mame Christine Jagat	Address 5944 Coral Bidge D. # Coral Springs Pl 33076	Type of Action
	Q		Remove
			□ Change
			Add
			□ Remove
			Change
			Add
			Remove
			☐ Change
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	÷		□ Change

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ffec	tive date, if other than the date of filing: $\frac{2}{1/6}$ (optional)
an e	ffective 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 605.0. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed.
	ment's effective date on the Department of State's records.
⊋ ге	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier e 90th day after the record is filed.
Th	alulu.
Th	18/4/14, 2014.
Th	
Th	whole full
Th	whole full
Th	Signature of a member or authorized representative of a member Vicholas Divo Rubbo
Th	Signature of a member or authorized representative of a member

Filing Fee: \$25.00