## 115000131543

(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



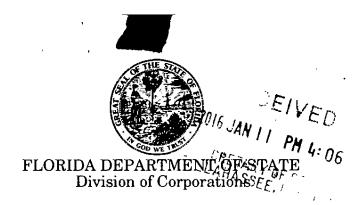
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JAN 1 1 2016 Y SULKER



December 9, 2015

BE ANGELS FUND LLC 520 BRICKELL KEY DR APT 1915 MIAMI, FL 33131

SUBJECT: BE ANGELS FUND LLC

Ref. Number: L15000131543

We have received your document for BE ANGELS FUND LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging.

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.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 715A00025823

## **COVER LETTER**

SUBJECT: BE I	ANGELS F	ted Liability Company	
	Name of Limit	ted Liability Company	
The enclosed Articles of Ame	ndment and fee(s) are subn	nitted for filing.	
Please return all corresponden	ce concerning this matter to	o the following:	
	GABRIELA	MUN1Z Name of Person	
<u>-</u>		Name of Person	
	BE ANGE	ELS FUND LL Firm/Company	C
-		Firm/Company	<u>-</u>
	520 Beicus	Address	AP. 1915
_		Address	
	MIAMI/A	City/State and Zip Code  EANGELS CRG be used for future annual report notifica	
_	- 0 0	City/State and Zip Code	
_	GARN & B	EANGELS ORG	
			sion)
For further information conce	rning this matter, please ca	ll:	
GABRIELA M	いんりそ	at (786) 253 6 Area Code Daytime Te	5817
Name of Pers	son	Area Code Daytime Te	elephone Number
Enclosed is a check for the foi	llowing amount:		
	l \$30.00 Filing Fee &	CSS AA Eiling Eag &	☐ \$60.00 Filing Fee,
L \$23.00 Filing Fee	Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
MAWING	A DDDESS.	CTREET/CALLSIN	ADDRESS

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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

## TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

10C F110 C C C	UND CL				
(Name of the Limited Liability Com (A Florida Limited	pany as it now appear I Liability Company)	rs on our records.)			
The Articles of Organization for this Limited Liability Compan Florida document number <u> </u>	y were filed on	08/03/2015	and assigned		
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited lia	bility company he	ere:			
The new name must be distinguishable and contain the words "Limited Lia	pility Company," the c	designation "LLC" or the abbrev	iation "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 registered agent and/or the new registered office address he Name of New Registered Agent:  New Registered Office Address:		n our records, enter the	name of the new		
New Registered Office Address.	Enter Flo	orida street address	-		
	, Florida				
	City		Zip Code		
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>				
I hereby accept the appointment as registered agent and agent provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered office company has been notified in writing of this change.	te performance of s provided for in (	f my duties, and I am fami Chapter 605, F.S. Or, if ti	iliar with and his document is		
If CI	anging Registered A	gent, <u>Signature of New Registe</u>	ered Agent		

Page 1 of 3



or removed from our records:

MGR = Manager AMBR = Authorized Member <u>Title</u> Name <u>Address</u> **Type of Action** FRANZISKA ALESSO 15901 COLLINS ANE 2706 MGR Add SUMMY ISLE BEACH, FL 33160 BEND'SCH ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove PChange Remove Change □ Add □ Remove ☐ Change □ Add ☐ Remove

Page 2 of 3

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lote: If	e date, if other that tive date is listed, the da the date inserted in	this block does n	ot meet the appli	cable statutory	filing requirement	nts, this date	will not be li	sted a
ocumen	t's effective date on	the Department	of State's records	S.		The state of the s	44:	٠.
e reco	rd specifies a de	laved effectiv	ve date hut n	ot an effecti	ve time, at 13			lier c
The 9	Oth day after th	e record is file	ed.					
Dated	January	- 5th	_, <u>201<b>6</b></u>	·····••				
ated	January	- 5m	_, <u>201<b>6</b></u> Vomus	 n/s/				
ated	January	Signature	2016	horized represent	ative of a member			
Dated		Signature	2016  Who was of a member or authorized a member or print to the control of the c	nonzed represent	autre of a memoer			

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

Page 3 of 3

Filing Fee: \$25.00