

LI7000120463

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

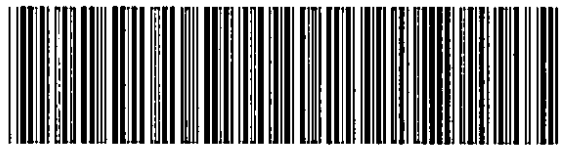
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
2019 JUN 26 AM 11:28  
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JUL 09 2019

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ANGELE20 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:

SEVERINE GIANESE-PITTMAN, ESQ  
\_\_\_\_\_  
Name of Person  
GIANESE-PITTMAN, P A  
\_\_\_\_\_  
Firm/Company  
100 N BISCAYNE BLVD., SUITE 3070  
\_\_\_\_\_  
Address  
MIAMI, FL 33132  
\_\_\_\_\_  
City/State and Zip Code  
SGIANESE@SGPITTMAN.COM  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SEVERINE GIANESE-PITTMAN, ESQ      305      722-5986  
\_\_\_\_\_  
Name of Person      at (\_\_\_\_\_)      Daytime Telephone Number  
Area Code

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

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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	JEAN LACHANCE	990 BISCAYNE BLVD	<input checked="" type="checkbox"/> Add
		OFFICE 701	<input type="checkbox"/> Remove
		MIAMI, FL 33132	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *None*

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JUNE 20 2019

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

If an effective date is listed, the date must be specific and cannot be a future date. Filing of a record with an effective date other than the filing date shall be subject to the following provisions:  
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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(a) The 90th day after the record is filed.

Dated: 06/20 2019

Signature of a member of parliament or representative of a member

RENE LESPERI

Type or printed name of signer