

L19000015740

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

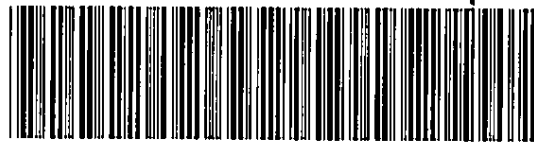
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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CLERK OF COURT  
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D. BRUCE  
FEB 04 2019

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: Angel Lake Investments, 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:

Tammy Toalson

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

8430 Kingswood Rd

\_\_\_\_\_  
Address

Panama City, FL 32409

\_\_\_\_\_  
City/State and Zip Code

ttalson@mac.com

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

For further information concerning this matter, please call:

\_\_\_\_\_  
Name of Person

at (

850)

866-5758  
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

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## Page 1 of 3

If attending 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	Tammy Toalson	8430 Kingswood Rd	<input checked="" type="checkbox"/> Add
		Panama City, FL 32409	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Richard Toalson	8430 Kingswood Rd	<input checked="" type="checkbox"/> Add
		Panama City, FL 32409	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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JULIA HOSCHKE, CLERK

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

add our EIN number 83-3212499

**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 prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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:

(b) The 90th day after the record is filed.

Dated January 18, 2019

Dianne Walsh

Signature of a member or authorized representative of a member

Dianna Walsh

Typed or printed name of signee

Page 3 of 3

**Filing Fee: \$25.00**

77-1000

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