N130000009409

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Amend (101.13.15

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ANGELS	JUST 4 KIL	DS, INC.
DOCUMENT NUMBER: N13000094	69	
The enclosed Articles of Amendment and fee are sub-	mitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
Barton Smith		
	(Name of Contact Person	1)
Smith Oropeza Hawks, F	PΓ	
	(Firm/ Company)	
138 Simonton Street		
	(Address)	
Key West, FL 33040		
	(City/ State and Zip Cod	e)
E-mail address: (to be used	for future annual report	notification)
For further information concerning this matter, please	call:	
Barton Smith	_{at (} 305	296-7227
(Name of Contact Person)		ode & Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida Depa	urtment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED	
LUIS JAN 12	
SECRETARY OF STATE NLLAHASSEE, FLORIDA	

ANGELS JUST 4 KIDS, INC.

ANOLLO GOOT 4 MDO, INO.	MU おり 体治シェ
(Name of Corporation as currently filed with the Florida D	ept, of State)
N1300009469	ept. of State)
(Document Number of Corporati	ion (if known)
ursuant to the provisions of section 617.1006, Florida Statutes, this mendment(s) to its Articles of Incorporation:	Florida Not For Profit Corporation adopts the following
. If amending name, enter the new name of the corporation:	
	The ne
ame must be distinguishable and contain the word "corporation" o Company" or "Co." may not be used in the name.	r "incorporated" or the abbreviation "Corp." or "Inc.
Company or Co. may not be used in the name.	
B. Enter new principal office address, if applicable:	
Principal office address <u>MUST BE A STREET ADDRESS</u>)	
. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
. If amending the registered agent and/or registered office addi	ress in Florida, enter the name of the
new registered agent and/or the new registered office address	
None of New Business I Court	
Name of New Registered Agent:	
(Florida New Registered Office Address:	street address)
The state of the s	
(City)	, Florida(Zip Code)
(City)	(Zip Code)
ew Registered Agent's Signature, if changing Registered Agent	<u>:</u>
hereby accept the appointment as registered agent. I am familiar y	with and accept the obligations of the position.
Signature of New Registe	ered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones. V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	<u>V</u> <u>Mik</u>	n Doe e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>s</u>	IRENE MCDONOUGH	208 DUVAL ST
Add X Remove			KEY WEST, FL 33040
2) Change	<u>s</u>	SAMANTHA LANGDALE	14 Golf Club Drive
X Add			Key West, FL 33040
Remove 3) Change			
Add			
4) Change Add			
Remove			
5) Change			
Add Remove			
6) Change			
Add			
Remove			

If amending or addi attach additional she	ets, if necessary)	(Be spe	rcific)					
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	date of each amendment(s) adoption: 12-30-2014 this document was signed.	, if other than the
Effe	(no more than 90 days after amendment file date)	_
Ado	option of Amendment(s) (CHECK ONE)	
	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
	Signature (By the charmal by ce chairmed of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
	MIKE DONOVAN	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	