Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: BROWARD SOHO SERVICES INC.

Account Number : I20100000080

Phone

: (954)366-3850

Fax Number

: (954)633-7850

**Enter the email address for this business entity to be used for fu annual report mailings. Enter only one email address please.*

COR AMND/RESTATE/CORRECT OR O/D RESIGN ANGIELITE SERVICES GROUP INC

Certificate of Status	0
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Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu D

Help

From: Amelia Basso

Fax: (850) 617-8380

COVER LETTER

TO: Amendment Section Division of Corpora	n ations
NAME OF CORPORA	TION: ANGIELITE SERVICES GROUP INC
DOCUMENT NUMBE	R:P18000072126
The enclosed Articles of	Amendment and fee are submitted for filing.
	ondence concerning this matter to the following:
	MAREELLA RAMIREZ
	Name of Contact Person
	ANGIELITE SERVICES GROUP INC
	Firm/ Company
	7431 SW 10TH CT
	Address NORTH LAUDERDALE, FL 33068
 -	City/ State and Zip Code
	TAXRIGHT7@YAHOO.COM
	E-mail address: (to be used for future annual report notification)
or further information co	ncerning this matter, please call:
	A RAMIREZ 81-3615
Name of Co	ontact Person Area Code & Daytime Telephone Number
enclosed is a check for the	following amount made payable to the Florida Department of State:
\$35 Filing Fee	Certificate of Status Certificate Of Status

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

is enclosed)

Fax: (850, 617-6360

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Articles of Amendment to Articles of Incorporation of

To:

ANGIELITE SERVICE	S GROUP INC		
of Corporation as currently	filed with the Florida De	Dt. of Stata)	
P180000721	26	<u> </u>	
(Document Number of	Corporation (if known)		
1006, Florida Statutes, this I	Torida Profit Corporation	adopts the following amend	ment(s) to
ime of the corporation:			
		:	
win the word "corporation ation "Corp." "Inc," or "C tion." or the abbreviation "I	" "company," or "incorp o". A professional corpo. A."	The norated" or the abbrevial ration name must contain	ew ion the
if applicable: TREET ADDRESS			. <u>-</u>
OFFICE BOX) Nor registered office addre registered office address:	ss in Florida, enter the na	SECRETARY OF STATE SECRETARY OF STATE TALLAHASSEE, FL me of the	FILED
MARBELLA RAMIREZ			
7431 SW 10TH CT			
(Florida stree	t address)		
NORTH LAUDERDALE		Florida 33068	
(0	ity)	(Zip Code)	
red agent. I am familiar wii []] Ualfab		s of the position.	
	(Document Number of (Docum	(Document Number of Corporation (if known) 1006, Florida Statutes, this Florida Profit Corporation Imme of the corporation: The word "corporation." "company," or "incorporation "Corp." "Inc," or "Co". A professional corporation," or the abbreviation "P.A." If applicable: TREET ADDRESS Cable: DEFICE BOX MARBELLA RAMIREZ 7431 SW 10TH CT (Florida street address) NORTH LAUDERDALE (City)	P1800072126 (Document Number of Corporation (if known) 1006, Florida Statutes, this Florida Profit Corporation adopts the following amendation of the corporation: The management of the corporation: The word "corporation." "company," or "incorporated" or the abbreviation "Corp." "Inc.," or "Co". A professional corporation name must contain in the word "corporation "P.A." if applicable: ITREET ADDRESS) Cable: DEFICE BOX) Average address: MARBELLA RAMIREZ 7431 SW 10TH CT (Florida street address) NORTH LAUDERDALE (City) NORTH LAUDERDALE (City) Augustions of the position. I amaging Registered Agent: red agent. I am familiar with and accept the obligations of the position.

Fax: (954) 633-7850

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.

X Change	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
⊥X Add	<u>2V</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P ———	JOSHUA PEREZ	7431 SW 10TH CT
Add			NORTH LAUDERDALE
X Remove			FL 33068
2) X Change	Р	MARBELLA RAMIREZ	7431 SW 10TH CT
Add			NORTH LAUDERDALE
Remove			FL 33068
3) X Change	VP	MARIA E CANTORALES	7431 SW 10TH CT
Add			NORTH LAUDERDALE
Remove			FL 33068
4) Change			
Add			
Remove			
5) Change			
Add		· · · · · · · · · · · · · · · · · · ·	
Remove			
6) 0			
6) Change			
Remove			
Keniove			

To:

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(if not appl	icable, indicate	e N/A)	nent il not c	ontained in	the amendi	nent itself;		
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Fax: (850) 617-6389

Fax: (954) 833-7850

From: Amelia Basso

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PRESIDENT

(Title of person signing)