

L07000015397

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

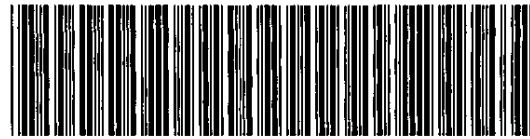
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900238528919

09/13/12--01001--005 **21.25

900238528919
09/16/12--01034--018 **520.00

FILED
12 SEP 10 AM 11:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
SEP 14 2012



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 20, 2012

LAW OFFICE OF KAREN M BROWN, P.A.
1109 S CONGRESS AVE.
WEST PALM BEACH, FL 33406

SUBJECT: ABI, LLC
Ref. Number: L07000015397

We have received your document for ABI, LLC and your check(s) totaling \$520.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The check submitted was \$520.00, the amount needed is \$541.25 (as mentioned in your cover letter). The balance due is 21.25 to complete the filing.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly
Regulatory Specialist II

Letter Number: 312A00021326

LAW OFFICE OF KAREN M. BROWN, P.A.

1109 S. CONGRESS AVE.
WEST PALM BEACH, FL 33406
PHONE 561-432-0511
FAX 561-642-4325

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

September 7, 2012

Subject: ABI, LLC
Ref. Number L07000015397
Letter Number: 312A00021326

Dear Ms. Saly:

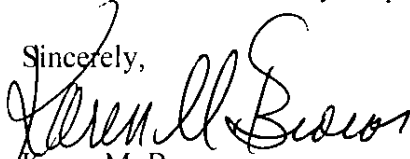
Per our telephone conversation of even date, please find enclosed check payable to Florida Department of State in the amount of Twenty One and 25/100 (\$21.25) Dollars.

It is my understanding that this is the correct amount needed to cover the shortage in filing fees previously submitted to complete the above referenced filing.

As discussed, you are returning my check #2798, which had been submitted in full payment of filing fees.

Thank you so much for your personal attention to this filing.

Sincerely,


Karen M. Brown

KBG/cca

Encl. (1)

LAW OFFICE OF KAREN M. BROWN, P.A.

1109 S. CONGRESS AVE.
WEST PALM BEACH, FL 33406
PHONE 561-432-0511
FAX 561-642-4325

August 14, 2012

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Amendment and Reinstatement

Dear Division of Corporations,

Enclosed herewith please find Articles of Amendment to Articles of Organization of ABI, LLC and Limited Liability Company Reinstatement documents for filing with your office.

Also enclosed is my firm's check in the amount of \$541.25 which I believe is the correct total filing fee that is due.

Should you require anything further please contact me directly.

Sincerely,



Karen M. Brown

KB/cca

Encl.

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
12 SEP 10 AM 11:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ABI, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/12/2007 and assigned
Florida document number L07000015397.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

ARW PROPERTY, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "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 office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida _____

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Irene Ferrante	7828 St. Andrews Road Lake Worth, FL 33467	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Ana R. Wiggins	7828 St. Andrews Road Lake Worth, FL	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated August 14, 2012

Karen M. Brown

Signature of a member or authorized representative of a member

Karen M. Brown

Typed or printed name of signee