Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
    Division of Corporations
    Fax Number   : (850)617-6383

From:
    Account Name   : LEGALZOOM.COM INC.
    Account Number : I20010000062
    Phone   : (323)962-8600
    Fax Number   : (323)962-3889

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

Email Address:_____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ABR SECURITIES, LLC

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DIVISION OF CORPORATIONS

Electronic Filing Menu   Corporate Filing Menu

T. HAMPTON
JUL 15 2011
EXAMINER

COVER LETTER

TO: Registration Section
        Division of Corporations

SUBJECT: ABR SECURITIES, 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: ·

        Barbara Dang
        _____
                        (Name of Person)

        Legalzoom.com, Inc.
        _____
                        (Firm/Company)

        100 W. Broadway Suite 100
        _____
                            (Address)

        Glendale, CA 91210
        _____
                        (City/State and Zip Code)

For further information concerning this matter, please call:

Barbara Dang   at (323) 962-8600
_____   _____
        (Name of Person)   (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ $25.00 Filing Fee   ☐ $30.00 Filing Fee &   ☑ $55.00 Filing Fee &   ☐ $60.00 Filing Fee,
                            Certificate of Status   Certified Copy   Certificate of Status &
                                                          (additional copy is enclosed)   Certified Copy
                                                                                     (additional copy is enclosed)

        MAILING ADDRESS: STREET/COURIER ADDRESS:
        Registration Section   Registration Section
        Division of Corporations   Division of Corporations
        P.O. Box 6327   Clifton Building
        Tallahassee, FL 32314   2661 Executive Center Circle
                                            Tallahassee, FL 32301

7/16
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DIVISION OF CORPORATIONS

11 JUL 14 AM 8:38

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

ABR SECURITIES, 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 05/31/2011 _____ and assigned

Florida document number L11000063146 _____ .

This amendment is submitted to amend the following:

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

ABR Financial Services, LLC
_____
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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:**
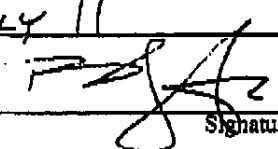
MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
_____	_____	_____	☐ Add ☐ Remove
_____	_____	_____	☐ Add ☐ Remove
_____	_____	_____	☐ Add ☐ Remove
_____	_____	_____	☐ Add ☐ Remove
_____	_____	_____	☐ Add ☐ Remove
_____	_____	_____	☐ Add ☐ Remove

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

_____

_____

_____

_____

_____

Dated __JULY 11__, __2011__ .

_____
Signature of a member or authorized representative of a member

__Rob Sanderson__
Typed or printed name of signee

Page 2 of 2

Filing Fee: $25.00