

L24 000 022 865

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

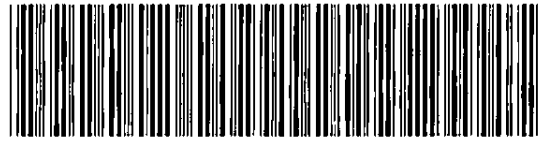
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALPHA BETA OMEGA ENTERPRISES 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:

ANDREW L FRANCISCO

Name of Person

ALPHA BETA OMEGA ENTERPRISES LLC

Firm/Company

12574 FLAGLER CENTER BLVD SUITE 101

Address

JACKSONVILLE, FL 32258

City/State and Zip Code

almfrancisco@aboenterprises.com

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

For further information concerning this matter, please call:

ANDREW L FRANCISCO

Name of Person

904

at ()

Area Code

484-8617

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ALPHA BETA OMEGA ENTERPRISES 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 January 10, 2024 and assigned Florida document number L24000022865.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

12574 FLAGLER CENTER BLVD SUITE 101
JACKSONVILLE, FL 32258

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

12574 FLAGLER CENTER BLVD SUITE 101
JACKSONVILLE, FL 32258

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:

ANDREW L FRANCISCO

New Registered Office Address?

12574 FLAGLER CENTER BLVD SUITE 101

Enter Florida street address

JACKSONVILLE

City

Florida 32258

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 605, 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 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>
CEO / MGR	ANDREW L. FRANCISCO	49 THORNTON CT	<input type="checkbox"/> Add
		ST. AUGUSTINE, FLORIDA 32092	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	ROSANNA L. FRANCISCO	49 THORNTON CT	<input type="checkbox"/> Add
		ST. AUGUSTINE, FLORIDA 32092	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	AYDAN N. FRANCISCO	49 THORNTON CT	<input type="checkbox"/> Add
		ST. AUGUSTINE, FLORIDA 32092	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

