L09000079969

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

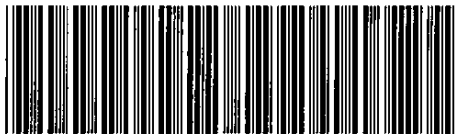
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BI

APR -

EXAM

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: AMERICAN BRAND SOLUTION, 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:

SILVINA PELOSO
Name of Person

AMERICAN BRAND SOLUTION, LLC
Firm/Company

4241 MAHOGANY RIDGE DR
Address

WESTON FL 33331
City/State and Zip Code

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

For further information concerning this matter, please call:

SILVINA PELOSO at (954) 217-6893
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

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

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

11 AM
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

AMERICAN BRAND SOLUTION, 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 08/19/2009 and a Florida document number L09000079969.

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 end with the words "Limited Liability Company," the designation "LLC" or the "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)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name 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 Cod*

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 com the provisions of all statutes relative to the proper and complete performance of my duties, and I am familia accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this doc being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liabi company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Ag

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

MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type
MGRM	SILVINA PELOSO	4241 MAHOGANY RIDGE DR WESTON FL 33331	☐ Ad ☑ Re
			☐ Ad ☐ Re
			☐ Ad ☐ Re
			☐ Ad ☐ Re
			☐ Add ☐ Rem
			☐ Add ☐ Rem

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

Dated February 28, 2011.

Signature of a member or authorized representative of a member

ALICIA RAMIREZ
Typed or printed name of signee

11 APR -7 AM 11:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: $25.00