

L05000015928

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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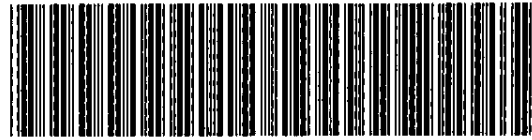
(Business Entity Name)

(Document Number)

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FILED
11 DEC 30 PM 12:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
JAN 03 2011
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 24 ABACO, 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:

KENNETH MCCOY
Name of Person
KENNETH W. MCCOY PA
Firm/Company
15271 NW 60TH AVE STE 203
Address
MIAMI LAKES, FL 33014
City/State and Zip Code
KMCCOYPA@BELLSOUTH.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KENNETH MCCOY at (**305**) **698-9001**
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 enclosed)

W11000063160

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

FILED
11 DEC 30 PM 12:57
CLERK OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 20, 2011

KENNETH MCCOY
KENNETH W. MCCOY PA
15271 NW 60TH AVE STE 203
MIAMI LAKES, FL 33014

SUBJECT: 24 ABACO, LLC
Ref. Number: L05000015928

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CLERK OF STATE
TALLAHASSEE, FLORIDA

We have received your document for 24 ABACO, LLC and your check(s) totaling \$25.00. However, the document has not been filed and is being retained in this office for the following:

We are returning your check for \$25.00 to be replaced by one in the correct amount of \$25.00.

The check submitted must be made payable to the Florida Department of State.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 511A00028290

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

24 ABACO 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 2/15/2005 and assigned
Florida document number L05000015928.

This amendment is submitted to amend the following:

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

ACTION I, 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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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>
_____	_____	_____	<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

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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

FILED
 11 DEC 30 PM 12:57
 CLERK OF DISTRICT COURT
 TALLAHASSEE, FLORIDA

Date: ✓ 12-15-11

✓ 

Signature of a member or authorized representative of a member

GEORGE SCHOENROCK

Typed or printed name of signee