

L02000023733

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

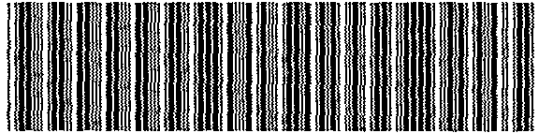
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700077597917

07/20/06--01019--007 \*\*60.00

RECEIVED  
STATE  
OFFICE  
FLORIDA

06 JUL 20 AM 11:18

FILED

7-21  
Crest

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FLORIDA WASTE INDUSTRIES, 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:

KEVIN KOHN  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

217 MARSHSIDE DRIVE  
(Address)

SAINT AUGUSTINE, FLORIDA 32080  
(City/State and Zip Code)

For further information concerning this matter, please call:

KEVIN KOHN at (904) 616-9692  
(Name of Person) (Area Code & Daytime Telephone Number)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 JUL 20 AM 11:18

FILED

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)

**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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FLORIDA WASTE INDUSTRIES, LLC

(Present Name)  
(A Florida Limited Liability Company)

**FIRST:** The Articles of Organization were filed on 9 / 12 / 2002 and assigned document number L02000023733

**SECOND:** This amendment is submitted to amend the following:

CHANGE THE NAME OF THE COMPANY TO:

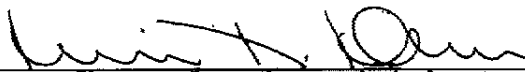
ABK INVESTMENTS, LLC

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 JUL 20 AM 11:18

FILED

Dated 7 / 17, 2006.



Signature of a member or authorized representative of a member

KEVIN R. KOHN

Typed or printed name of signee

Filing Fee: \$25.00