

(Re	equestor's Name)
(Ac	ddress)
(Ac	ddress)
,	,
(Ci	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Ви	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
Name Availab ility	
Document	
Examiner (it) if the	Office Use Only
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TRANSMITTAL LETTER

TO: Registration Se Division of Co			
SUBJECT:	ABS Capital (Name of Lin	Group 11 C	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Robert 1	(ame of Person)	
	ABS Ca	oital Group, 1	166
	2 : 1 : 1	, (# 2-3-
	2/11 W	(Address) Ave.	- 200
_	Temps (City/	FL 33606 State and Zip Code)	
For further information	concerning this matter, please c	all:	
Rober	(Name of Person)	at (<u>&13</u>) <u>3<1</u> (Area Code & Daytime	1 - 3650 X1
Enclosed is a check for th	•		
\$25.00 Filing Fee	S30.00 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)
STR	EET ADDRESS:	MAILING ADDR	ESS:

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, Florida 32314

STREET ADDRESS: Registration Section

Division of Corporations 409 E. Gaines Street

Tallahassee, Florida 32399

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		ABS	Capi	te /	Grunp nt Name)	, L	16			_
			(A Flo	rida Limited	I Liability Co	mpany)				
FIRST:	The Artic	les of Organiza	ition were f	iled on <u>J</u>	enhery	13. 200	<mark>) Ч</mark> and	l assigned		
SECOND:	The foll	lowing amendompany:	ment(s) to	the Articl	es of Orgar	nization w	/as/were	adopted b	y the l	imited
		resigne							د	
Mon	elinl	Member	· ef	fective	: Jun	e 1,	200	ન ૄૈંહે	6 - 5 - 3 - 3	·
600	copted	end .	approv	ed				-) 	
Dated <u>J</u>	une_	<u>+</u>]	·	3004					<u>13</u>	
		Signat	Pobe	Mer or auth	73	entative of a	a membe	г		
			Rober Ty	Ped or print	Red ed name of si	gnee				

Filing Fee: \$25.00