L05000122861

(Re	questor's Name)				
(Ad	dress)				
(Ad	(Address)				
(Cit	y/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
· /Ru	siness Entity Nan	ne)			
(Du	siness Endry Man	ne)			
(Do	cument Number)				
Certified Copies	_ Certificates	of Status			
Special Instructions to	Filing Officer:				
		ĺ			
l,					

Office Use Only



900189105229

02/15/11--01015--015 **25.00

2011 FEB 15 PM | 1

C. LEWIS
FEB 1 5 2011
EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 4, 2011

JEFFREY BURKE ABC INNOVATIONS LLC 265 SW PORT ST LUCIE BLVD, #330 PORT ST LUCIE, FL 34984

SUBJECT: ABC INNOVATIONS, LLC

Ref. Number: L05000122861

We have received your document for ABC INNOVATIONS, LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

If you have any further questions concerning your document, please call (850) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 111A00003026

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: ABC Innovations 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:
Jeffrey Burke Name of Person ABC Finnovations LLC Firm/Company 265 SW Port St Lucie Blvd # 330 Address Bott St. Lucie F1 34984 City/State and Lip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jeffrey Burke at 72 530-2012 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount: \$\sum{\$\sum{\$\text{25.00}}\$ \text{Filing Fee}} \sum{\$\sum{\$\text{\$\text{S0.00}}\$ \text{Filing Fee} & \text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{Filing Fee}} & \$\text{\$\

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

FILED

2011 FEB 15 PM # #1

ABC Innova	TIONS LLC ISLORETARY OF STATE		
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our records.)		
The Articles of Organization for this Limited Liability	Company were filed on $15/23/05$ and assigned		
Florida document number L05000 1228			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	nited liability company here:		
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Company," the designation "LLC" or the abbreviatio	1	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	PRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	265 SW Port St. Lucie Blue Port St. Lucie, FL 34984	1# 3	
B. If amending the registered agent and/or regis registered agent and/or the new registered office add	stered office address on our records, enter the name of the new dress here:	<u>′</u>	
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 Ma aging Member being added or removed from our records: MGR = Manager MGRM = Managing Member **Title** Type of Action <u>Name</u> Address Scott Burke 45 Beach St. ☐ Add✓ Remove ☐ Add Remove Add Remove \square Add Remove \square Add

Remove

D.	If amending any ot	her information, enter change(e(s) here: (Attach additional sheets, if necessary.)		
					ALE

Page 2 of 2

Filing Fee: \$25.00