

106000033028

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

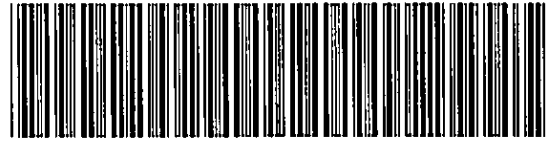
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900318690699

10/01/18--01017--014 **55.00

2018 OCT -1 AM 9:43
RECEIVED
MILLIGAN

M. MILLIGAN

OCT 22 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ABC GAINESVILLE KONDO, 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:

BRAULIO PEREZ

Name of Person

Firm/Company

19330 SW 30 STREET

Address

MIRAMAR, FL 33029

City/State and Zip Code

bpjahnel@me.com

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

For further information concerning this matter, please call:

BRAULIO PEREZ

954 663-3181
at ()

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)

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**

ABC GAINESVILLE KONDO 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 03/29/2006
Florida document number L06000033028

2018 OCT - 1 AM 9:43
RECEIVED
CLERK OF COURT
CLERK OF COURT
CLERK OF COURT

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

267 MINORCA AVE. STE 200

(Principal office address MUST BE A STREET ADDRESS)

CORAL GABLES, FL 33143

Enter new mailing address, if applicable:

19330 SW 30 STREET

(Mailing address MAY BE A POST OFFICE BOX)

MIRAMAR, FL 33029

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:

BRAULIO PEREZ

New Registered Office Address:

267 MINORCA AVE. STE 200

Enter Florida street address

CORAL GABLES

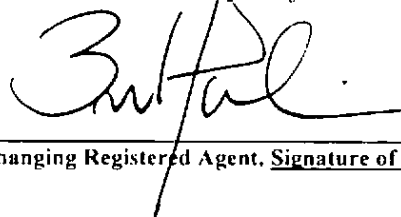
Florida 33143

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	BRAULIO PEREZ	267 MINORCA AVE, STE 200	<input checked="" type="checkbox"/> Add
		CORAL GABLES, FL 33143	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	BAC CONSULTING LLC	267 MINORCA AVE, STE 200	<input checked="" type="checkbox"/> Add
		CORAL GABLES, FL 33143	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	BPJGROUP ASSOCIATES INC	7951 SW 40 STREET	<input type="checkbox"/> Add
		MIAMI, FL 33155	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	KARIN A KLEIN	7951 SW 40 STREET	<input type="checkbox"/> Add
		MIAMI, FL 33155	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated SEPTEMBER 27

2018

2018

[Handwritten Signature]

Signature of a member or authorized representative

BRAULIO PEREZ

Typed or printed name of signee

259

2018 OCT -1 6:14 9:14

100