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	(Requestor's Name)
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	(Business Entity Name)
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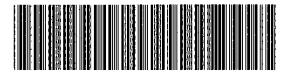
Special Instructions to Filing Officer:

L. SELLERS

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EXAMINER

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SECRETARY OF STATE TALLAHASSEE FLORIDA

TICHU!

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	AAł	B Law, LLC	
SUBSECT:		ited Liability Company	
	f Amendment and fee(s) are subondence concerning this matter	-	
	Ri	chard L. Barbara, Esq.	
	· ·	AB Law, LLC	-
		uth Bayshore Drive, Suite	305
	 	Miami, FL 33133 City/State and Zip Code	
	Cb E-mail address: (arbara@aablegal.com to be used for future annual report not	ification)
For further information	concerning this matter, please of	eall:	
	d L. Barbara, Ęsq.	at (305)	263-7700
Name	of Person	Area Code & Dayti	me Telephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclose	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regist Divisi P.O. E	LING ADDRESS: ration Section on of Corporations Sox 6327 assee, FL 32314	STREET/COUF Registration Sect Division of Corp Clifton Building 2661 Executive C Tallahassee, FL 3	orations Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

. AAB Law	, LLC			
(<u>Name of the Limited Liability Company</u> (A Florida Limited Liability)	y as it now appea ability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Company were filed on				
Florida document number <u>L06000043990</u> .				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	ity company he	<u>re</u> :		
AB Law,	LLC			
The new name must be distinguishable and end with the words "Limite" L.L.C."	ed Liability Comp	any," the designation	"LLC" or the ab	breviation
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)				
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here Name of New Registered Agent:		our records, <u>enter</u>	the name of	the new
New Registered Office Address:			HA CRE	and and
	Ei	nter Florida street a . Florida	ddræssen	
	City		Zip Code	_
New Registered Agent's Signature, if changing Registered Agent:			I: IL	•
I hereby accept the appointment as registered agent and agre	e to act in this c	apacity. I further a	agree to comply	v 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>Address</u> **Type of Action Title Name** MGR Alexander P. Almazan 2701 South Bayshore Drive, Suite 305 Add Miami, FL 33133 ✓ Remove ☐ Add Remove Remove ☐ Add Remove . □Add Remove $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized/representative of a member

Page 2 of 2

Typed or printed name of signee

Filing Fee: \$25.00