01000121504

(Requestor's Name)	
(Address)	2001585278
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	07/20/0901016002
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status Certificates of Status	
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	200

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AUG 14 2009



COVER LETTER

TO: **Registration Section Division of Corporations**

SUBJECT:		GEMENT SOLUTIONS L	LC_			
	of Amendment and fee(s) are sub condence concerning this matter	•				
	·····					
	SLLC					
						
	MIAMI, FL 33186 City/State and Zip Code					
	CARLOS.VILCHEZ@COMCAST.NET E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:						
CARLOS VILCHEZ Name of Person		at (305) 7 Area Code & Daytime	98-2289 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



July 22, 2009

CARLOS VILCHEZ 8860 SW 123 COURT, K309 MIAMI, FL 33186

SUBJECT: STRATEGIC MANAGEMENT SOLUTIONS LLC

Ref. Number: L06000121504

We have received your document for STRATEGIC MANAGEMENT SOLUTIONS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Regulatory Specialist II

DO DON COOF FULL FILL COOL

Letter Number: 509A00025173

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STRATEGIC MANAGEMENT SOLUTIONS LLC (Name of the Limited Lightlify Company as it now appears on our records)

(A Florida Limited Liability Company)

(A Fronta Diffico Diability	company)			
The Articles of Organization for this Limited Liability Company were fi Florida document numberL06000121504	led on12/22/2006	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability con	npany here:			
ABACUS BACK OFFICE SOL	UTIONS LLC			
The new name must be distinguishable and end with the words "Limited Liab "L.L.C."	ility Company," the designatio	n "LLC" or the abbreviation		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)		99 X		
		- 9 2		
Enter new mailing address, if applicable:		→ 200		
(Mailing address MAY BE A POST OFFICE BOX)		3		
		N 35		
B. If amending the registered agent and/or registered office aderegistered agent and/or the new registered office address here:	dress on our records, <u>ent</u>	er the name of the nev		
Name of New Registered Agent:	·	· · · · · · · · · · · · · · · · · · ·		
New Registered Office Address:				
	Enter Florida street address , Florida			
City		Zip Code		
New Registered Agent's Signature if changing Degistered Agents				

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 Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>		Address	Type of Action
MGRM	MAURO J V	/ILCHEZ	11725 SW 135TH PLACE MIAMI, FLL 33186	Add Remove
				Add Remove
				Add Remove
				Add Remove
	 -			Add Remove
				Add Remove
D. If amend	ing any other info	ormation, enter chang	e(s) here: (Attach additional sheets, if necessary.)	
_				_ _
 Dated	JULY 2	20	09 _	- -
Dated	30212	0	or authorized representative of a member	
	**************************************	CAF Typed	RLOS F VILCHEZ or printed name of signee	4 44

Page 2 of 2

Filing Fee: \$25.00