

LD7000005300

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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Amend

FILED
15 MAR 23 PM 2:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 14 2015

N. CAUSSEAU

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AB INVEST USA, 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:

Jose G. Oliveira

Name of Person

Jose G. Oliveira P.A.

Firm/Company

33 E. Robinson street suite 215

Address

Orlando Florida 32801

City/State and Zip Code

jose@oliveiralawfirm.com

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

For further information concerning this matter, please call:

Jose G. Oliveira

321 445-9458
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**

AB INVEST USA 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 N/A and assigned
Florida document number L07000005300.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

33 E. Robinson street suite 215

Orlando, FL 32801

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 2449

Orlando, FL 32802

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:

Jose G. Oliveira

New Registered Office Address:

33 E. Robinson street suite 215

Enter Florida street address

Orlando

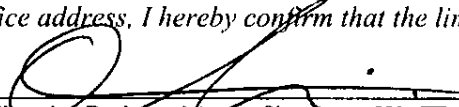
City

, Florida 32801

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

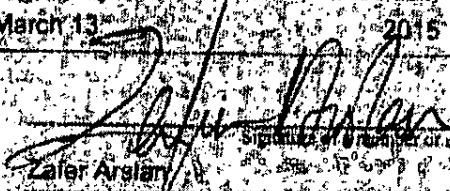
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
N/A	N/A	N/A	☐ Add
			☐ Remove
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			☐ Add
			☐ Remove
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			☐ Remove
			☐ Add
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			☐ Remove

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

N/A

B. Effective date, if other than the date of filing. (optional)
(The effective date must be preceding, contemporaneous with, or date of receipt or first use and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated March 13, 2015



Signature of member or authorized representative of a member

Zafar Arslan

Typed or printed name of signor

Page 3 of 3

Filing Fee: \$25.00

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