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TALLAHASSEE, FLORIDA

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T. CLINE

JUL -7 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ABT Staffing Solutions, 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:

C.L. Jimenez
Name of Person

ABT Business Solutions, LLC
Firm/Company

8237 Hunters Grove Road
Address

Jacksonville, Florida 32256
City/State and Zip Code

bellisario2@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

C.L. Jimenez at (904) 651-1661
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ABT Staffing Solutions, 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 3/28/2008 and assigned
Florida document number L08000032086.

This amendment is submitted to amend the following:

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

ABT Business Solutions, LLC

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)

903 Union Street

Suite 102

Jacksonville, Florida 32204

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8237 Hunters Grove Road

Jacksonville, Florida 32256

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TALLAHASSEE, FLORIDA

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:

C.L. Jimenez

New Registered Office Address:

8237 Hunters Grove Road

Enter Florida street address

Jacksonville

City

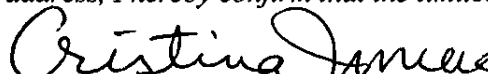
Florida

32256

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 Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Bingham Parkinson	11250 St Augustine Road Suite 15-193 Jacksonville, FL 32257	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Faith Bierria	4928 Top Royal Lane Jacksonville, FL 32277	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Cristina Jimenez	8237 Hunters Grove Road Jacksonville, FL 32256	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated June 23, 2009

Cristina Jimenez
 Signature of a member or authorized representative of a member

Cristina Jimenez
 Typed or printed name of signee

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 TALLAHASSEE, FLORIDA