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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. B.

APR -

EXAN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMERICAN BRAND SOLUTION, 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:

SILVINA PELOSO

Name of Person

AMERICAN BRAND SOLUTION, LLC

Firm/Company

4241 MAHOGANY RIDGE DR

Address

WESTON FL 33331

City/State and Zip Code

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

For further information concerning this matter, please call:

SILVINA PELOSO

Name of Person

at (954)

217-6893

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

11 AM
SECRETARY OF FLORIDA
TALLAHASSEE, FL

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Page 1 of 2

- If amending the Managers or Managing Members on our records, enter the title, name, and address of each or Managing Member being added or removed from our records:

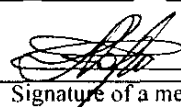
MGR = Manager

MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type</u> |
|--------------|----------------|---|--|
| MGRM | SILVINA PELOSO | 4241 MAHOGANY RIDGE DR WESTON FL 33331 | <input type="checkbox"/> Add <input checked="" 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 |
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| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |

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

Dated February 28, 2011



Signature of a member or authorized representative of a member

ALICIA RAMIREZ

Typed or printed name of signee

11 APR - 1 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA