109000095081

| (Red | questor's Name) | |
|---------------------------|--------------------|-----------------|
| (Add | dress) | ······ |
| | | |
| (Add | dress) | |
| (City | y/State/Zip/Phone | = #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Ruc | siness Entity Nar | ne) |
| (Dus | siness Littly ival | ne, |
| (Doc | cument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to F | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



700162581247

11/12/09--01024--011 **25.00



S. HAWKES

NOV 1 3 2009

EXAMINER

S. HAWKES

NOY VE 2009

EXAMINER

COVER LETTER ·

| TO: Registration Sc Division of Cor | | | | | | |
|--|--|--|---|--|--|--|
| SUBJECT: | ABK Housing Solutions, LLC | | | | | |
| | | ted Liability Company | | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | | | | |
| Please return all correspo | ondence concerning this matter | to the following: | | | | |
| | | Douglas Downes Name of Person | | | | |
| | | | | | | |
| | ABK Property Services, LLC Firm/Company | | | | | |
| | | Citil Contrains | | | | |
| | 398 E Dania Beach Blvd, #299 | | | | | |
| | | Address | | | | |
| | Dania Beach, FL 33004 | | | | | |
| | | City/State and Zip Code | | | | |
| | info@ E-mail address: 0 | abkpropertyservices.com to be used for future annual report notifi | cation) | | | |
| For further information c | oncerning this matter, please c | | | | | |
| Dou | iglas Downes | at (_800_) | 691 2379 | | | |
| | t Person | Area Code & Daytime | Telephone Number | | | |
| Enclosed is a check for t | ne following amount: | | | | | |
| ✓ \$25.00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | | | |
| Registi Divisio P.O. B | ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314 | STREET/COURI Registration Section Division of Corporn Clifton Building 2661 Executive Ce | n ations | | | |

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| ABK Housing Sol | utions, LLC | ··· | |
|--|---|----------------------|------------------------|
| (<u>Name of the Limited Liability Company</u> a (A Florida Limited Liab | <u>is it now appears o</u> ility Company) | n our records.) | |
| The Articles of Organization for this Limited Liability Company we Florida document numberL0900095081 | | | and assigned |
| This amendment is submitted to amend the following: | _ | | 超 |
| A. If amending name, enter the new name of the limited liability | / company here: | | 题之一 |
| ABK Property Serv | | | m or Kill |
| The new name must be distinguishable and end with the words "Limited "L.L.C." | Liability Company, | " the designation "l | LC" on the abbeviation |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | | | FLORIDA FLORIDA |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | | |
| B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here: | address on our | records, enter | the name of the new |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | Enter Florida street address | | |
| | , Florida | | |
| | City | , | 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

or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member **Title** Name Address Type of Action ☐ Add Remove Remove Remove ∏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 Typed or printed name of signee

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager

Page 2 of 2

Filing Fee: \$25.00