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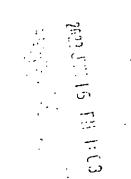
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## **COVER LETTER**

	tion Section of Corporations		
SUBJECT: A	Sfordable Busin	ess Solutions of ited Liability Company	p50. Florida
The enclosed Arti	cles of Amendment and fee(s) are sub	mitted for filing.	
Please return all c	orrespondence concerning this matter	to the following:	
	<u>Gisel</u>	Name of Reson	
	Apportable	BUSINES 56 C	utions of So. Florida
	18565	N.W 18 stree	
	Pembro	City/State and Zip Code	5029 E
	E-mail address:	1234@ Comcost. 1	
For further inform	mation concerning this matter, please of	rall:	- COD
Gisela	Name of Person	at ( <u>954</u> ) <u>(665</u> . Area Code Daytime	Telephone Number
Enclosed is a che	eck for the following amount:		
□ \$25.00 Filing	g Fee	☐ \$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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Approable Business Sok Name of the Limited Liability Compan (A Florida Limited Li	Hons of So. Horida LLC vasit now appear on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v Florida document number <u>L10000106065</u> .	vere filed on 10 11 2010 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil Reported by Bishots Schools The Nov name must be distinguishable and contain the words "Limited Liability".	- of So. Horida
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	18565 N.W 18 st. Pembroke Pines FL 33029
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5. 5.
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:  New Registered Office Address:  New Registered Office Address:	N.W 185t  Enter Florida street address
' <u>Yembro</u>	City Code 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
Magr	Ricardo Figuerca	18565 N.W 18 st Pembrok Pins FC 33020	🗆 Add
J	<b>C</b>	Pembrok Pino FC 33020	Remove
Magr	GiselaAkojas	18565 NW 185t Pembroka Pirus FC 33	<b>X</b> IAdd
V	7	Pembroka Pines EL 33	029 Remove
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Effective date, if other than the date of filing:  Fan effective date is listed, the date must be specific and estate. If the date inserted in this block does not me document's effective date on the Department of States.	et the applicable sta	QOD3 If filing or more than 90 d tutory filing requireme	_ (optional) ays after filing.) Pursi nts, this date will r	nant to 605.020 not be listed a
record specifies a delayed effective date, but not a d is filed.	reffective time, at	2:01 a.m. on the earlie	er of: (b) The 90ti	n day after the
Dated 6 18 2023	1 Dages			
Sunature of a m	inver or authorized re	presentative of a membe	r	
Gisclo	yped or printed name			

Filing Fee: \$25.00