## L1100000/4/4

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
,				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
•				
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SECRETARY OF STATES
TALLAHASSEF FT ABIRS

C. LEWIS

MAR 1 5 2011

EXAMINER

## **COVER LETTER**

TÖ: Registration S Division of Co		~	٠.			
· ••	•					
SUBJECT:	A & B a	ccessories,LLC				
	Name of Lim	ited Liability Company				
The enclosed Articles o	of Amendment and fee(s) are su	bmitted for filing.				
Please return all corresp	ondence concerning this matte	r to the following:				
	Rodrigo Moraga					
	Name of Person					
	A & B accessories,LLC					
	Firm/Company					
		9903 NW 79 AVE				
		Address				
	Hiale	ah gardens/Florida 33016				
		City/State and Zip Code				
fernandomoraga@live.com  E-mail address: (to be used for future annual report notification)						
			auon)			
For further information	concerning this matter, please	call:				
Ro	odrigo moraga	at ( 305 )	2311190			
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**

FILED 2011 MAR 14 PM - 59

A & B Access	ories LLC		SECRETARY OF STATE
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appear bility Company)	s on our records	L)
The Articles of Organization for this Limited Liability Company w	ere filed on	january 4 20	and assigned
Florida document numberL11000001414			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ty company her	<u>e</u> :	
The new name must be distinguishable and end with the words "Limite" L.L.C."	d Liability Compa	ny," the designati	ion "LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		<u></u>	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:	e address on o	ur records, <u>en</u>	ter the name of the new
Name of New Registered Agent:			
New Registered Office Address:	Fni	er Florida stree	t address
	City	, Florid	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	•		·
I hereby accept the appointment as registered agent and agree the provisions of all statutes relative to the proper and comple- accept the obligations of my position as registered agent as pro-	te performance (	of my duties, ar	nd I am familiar with and

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 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>	Address	Type of Action
MGRM	Moraga,Fernando,R	9903 NW 79 AVE Hialeah Gardens FL 33016	Add Remove
MGR_	Moraga,Rodrigo,F	9903 NW 79 AVE Hialeah Gardens FL 33016	✓ Add ☐ Remove
MGR	Felipe Moraga	9903 NW 79 AVE Hialeah Gardens FL33016	☐ Add ☐ Remove
<del></del>			Add Remove
<del></del>			Add Remove
<del></del>			Add Remove
D. If amend	ding any other information, ente	r change(s) here: (Attach additional sheets, if necess	ary.)
_			2011 TAU
 Dated	March 10	2011 ,	HAR IL
	Signature of a	member or authorized representative of a member	PH & 59
		Rodrigo Moraga  Typed or printed name of signee	<u>~~~</u>

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Filing Fee: \$25.00