

L11000025530

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

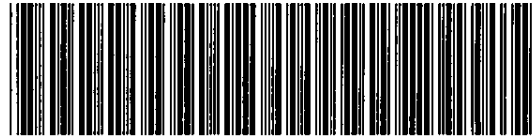
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER

JAN _5 2012

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMERICAN BUSINESS NETWORK 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:

LUKE JOSEPH

Name of Person

AMERICAN BUSINESS NETWORK LLC

Firm/Company

P. O. BOX 771834

Address

CORAL SPRINGS, FLORIDA 33077

City/State and Zip Code

CORPORATE@ABNSITE.COM

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

LUKE JOSEPH

Name of Person

at (954)

479-6141

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**

AMERICAN BUSINESS NETWORK 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 03/01/2011 and assigned
Florida document number L11000025530.

This amendment is submitted to amend the following:

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

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P. O. BOX 771834

CORAL SPRINGS, FL 33077

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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: LUKE JOSEPH

New Registered Office Address: 5460 NORTH STATE ROAD 7 UNIT 219

Enter Florida street address

LAUDERDALE LAKES, Florida 33319

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

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>
MGR	LUKE JOSEPH	4910 CYPRESS WAY COCONUT CREEK, FL 33073	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
AMGR	WILTER LOUIS	3911 NW 36TH TERRACE LAUDERDALE LAKES, FL 33309	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
SECR	KATTY LOUIS	3911 NW 36TH TERRACE LAUDERDALE LAKES, FL 33309	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
AMGR	MAX LOUIS	3911 NW 36TH TERRACE LAUDERDALE LAKES, FL 33309	<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

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

I, Luimon Joseph certify that I am familiar with and accept the obligation of the position. For more information, please feel free to contact me at 854-479-6141

Dated DECEMBER 23RD, 2011

Signature of a member or authorized representative of a member

LUKE JOSEPH

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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