L11000035336

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J. SAULSBERRY EXAMINER

APR 5 2011

COVER LETTER

TO: Registration Sec Division of Corp				
SUBJECT:	ABA	D ADO, LLC		
	Name of Lim	ited Liability Company		_
	Amendment and fee(s) are sundence concerning this matte	-		
		JENNIFER SILY		
Name of Person LAW OFFICE OF JENNIFER SILY, P.A.				
Firm/Company				
	8726 1			
	Address			
	DC			
		City/State and Zip Code		2011 SEC
	JS E-mail address: (SILY@SILYLAW.COM to be used for future annual repo	ort notification)	2011 APR -1 SECRETARI ALLAHASSE
For further information co	ncerning this matter, please of	call:		
JENI	NIFER SILY	at (305)	463-8639	A A A A A A A A A A A A A A A A A A A
Name of			Daytime Telephone Num	be ω
Enclosed is a check for the	following amount:			
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is er	Certifi nclosed) Certifi	Filing Fee, icate of Status & ied Copy ional copy is enclosed)
MAILIN	NG ADDRESS:	STREET/C	OURIER ADDRESS	:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ABA	AD ADO, LLC			
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appea limited Liability Company)	ers on our records.)		
The Articles of Organization for this Limited Liability C Florida document numberL11000035336	ompany were filed on	03/23/2011	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limi	ted liability company he	<u>re</u> :		
The new name must be distinguishable and end with the word	ds "Limited Liability Comp	any," the designation "I	LLC" or the abbreviation	
Enter new principal offices address, if applicable:		7		
Principal office address MUST BE A STREET ADDR	<u>ESS)</u>		AP T	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		HASSEE, FLORIDA	R - I	
3. If amending the registered agent and/or registered agent and/or the new registered office addr			he name of the ne	
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	City	, Florida	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 Type of Action Title Address <u>Name</u> MGRM JESUSA ALONSO ABAD 7301 POINCIANA COURT ☐ Add MIAMILLAKES, FL 33014 US ∇ Remove MELISSA WONG ALONS MGRM 7301 POINCIANA COURT ☐ Add Remove MIAMILAKES FL 33014 US **MGRM** ESTEFANIA WONG ALON 7301 POINCIANA COURT ☐ Add MIAMILLAKES FL 33014 US JESUSA ALONSO ABAD MGR 7301 POINCIANA COURT ✓ Add Remove MIAMILLAKES FL 33014 US \square Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary MARCH 23 2011 Dated_ Signature of a member or authorized representative of a member JENNIFER SILY Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00