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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 SEP 29 PM 1: 4

C. LEWIS SEP 3 0 2011 EXAMINER 100

COVER LETTER

	COVER EDITER
TO: Registration Section Division of Corpor	
SUBJECT: _ ABC	SPEUAL SERVICES LLC Name of Limited Liability Company
	Name of Limited Liability Company
The enclosed Articles of Am	endment and fee(s) are submitted for filing.
Please return all corresponde	nce concerning this matter to the following:
-	Anazar Betancur Name of Person
	Name of Person
-	ABC SpeuAL SERVICES LLC Firm/Company
	· min company
	15692 SW 72 ST Address
-	Address
_	City/State and Zip Code Duth Codes MA @ Bell south . Net E-mail address: (to be used for future annual report notification)
	City/State and Zip Code
_	E-mail address: (to be used for future annual report notification)
For further information conce	erning this matter, please call:
Angzan	Betancur at (305) 306 - 0818 Area Code & Daytime Telephone Number
Name of Per	son Area Code & Daytime Telephone Number
Enclosed is a check for the fo	allowing amount:
\$25.00 Filing Fee	\$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

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MAC SOCIAL S	2011 SEP 29	間上最
(Name of the Limited Liability Comp (A Florida Limited	SERVICES LCC SECRETARY pany as it now appears on our records.) TALL AHASSEE d Liability Company)	OF STATE FLORID
The Articles of Organization for this Limited Liability Compar Florida document number	ny were filed on <u>04-25-2011</u> and assig	ned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and end with the words "Lin"L.L.C."	mited Liability Company," the designation "LLC" or the abl	oreviation
Enter new principal offices address, if applicable:	15697 SW 72 ST.	
(Principal office address MUST BE A STREET ADDRESS)	15692 SW 72 ST. MIAMI, PC. 33193	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	15692 SW 72 ST MIAMI, FC. 33193	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		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

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 Title **Address** <u>Name</u> Type of Action ☐ Add ☐ Remove ☐ Add ☐ Remove ☐ Add Remove Add Remove ∐Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated 09-20-2011 Signature of a member or authorized representative of a member Angran Beloncur Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00