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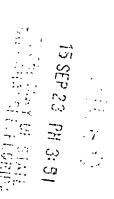
(Re	equestor's Name)	
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#### **COVER LETTER**

Division of Corporations ,
SUBJECT: ABC BROKERAGE & ENTERPRISES 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:
ALEXANDRA BLISS  Name of Person
Firm/Company
18737 CRENSBORO Address
City/State and Zip Code
E-mail address: (to be used for future angual report notification)
For further information concerning this matter, please call:
ALEXANDRA BLISS at (561) 200608  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certificate of Status \$\Bigcup \$ Certificate of Status \$\Bigcup \$ Certified Copy (additional copy is enclosed) \$\Bigcup \$ Certified Copy (additional copy is enclosed)

#### MAILING ADDRESS:

TO:

**Registration Section** 

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

ABC BROKARA (Name of the Limited Li	C & ENTERPRISES / ability Company as it now appears on our records.) orida Limited Liability Company)	<u>/                                    </u>
The Articles of Organization for this Limited Liabili Florida document number <u>L 11 00 0 092</u>	•	2011 and assigned
This amendment is submitted to amend the followin	g:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable		
(Principal office address MUST BE A STREET A)	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	0	
B. If amending the registered agent and/or r registered agent and/or the new registered office		enter the name of the new
		्र जी
Name of New Registered Agent:		St. St.
New Registered Office Address:		22 23
<del></del>	Enter Florida street address	
_	, Flori	
	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 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

or removed fro	om our records:		
MGR = Man AMBR = Aut	ager horized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	BLISS ALEXANDR.	A 18737 GRENSBORD	C Add
(MANAGEK	)	SPRING HILL, FL 3461	<u>Ø</u> <b>t</b> Remove
			Change
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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

rective date, if other than the date of filing:			
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Sective date, if other than the date of filing:			<del></del>
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n effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days a te: If the date inserted in this block does not meet the applicable statutory filing requirements, cument's effective date on the Department of State's records.  record specifies a delayed effective date, but not an effective time, at 12:0 the 90th day after the record is filed.			
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The 90th day after the record is filed.	, inis date wi	ii not be	insted as
The 90th day after the record is filed.			
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sed <u>SEPt. 19, 2015</u> ,			
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<u>CHISS</u>		-	_
Signature of a member or authorized representative of a member  A L E X A N D R A BLISS			

Page 3 of 3

Filing Fee: \$25.00