

L1000100459

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**TO: Registration Section  
Division of Corporations**

**SUBJECT:**

ABCW, LLC

Name of Limited Liability Company

**Please return all correspondence concerning this matter to the following:**

Catarino Adrian Borrego  
Name of Person

Name of Person

Firm/Company

14712 Calusa Palms Dr. 203

### Address

Fort Myers, FL. 33919  
City/State and Zip Code

City/State and Zip Code

E-mail address: (to be used for future annual report notification) Aborreaga12345@aol.com

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

For further information concerning this matter, please call:

Adrian Borrego  
Name of Person

Name of Person

at (239) 851-1127

Area Code &amp; 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 &  
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Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

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**

ABCW, 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 08/31/2011 and assigned Florida document number L11000100459

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)**

14712 Calusa Palms Dr 203  
Fort Myers, FL. 33919

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

14712 Calusa Palms Dr 203  
Fort Myers, FL. 33919

**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:

New Registered Office Address:

Catarino Adrian Borrego  
14712 Calusa Palms Dr 203  
Fort Myers, Florida 33919  
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.

[Signature]  
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	Carol Wilhelm	9161 Hollow Pine Dr. Bonita Springs, FL. 33919	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Catarino Adrian Borrego	14912 Calusa Palms Dr. 203 Fort Myers, FL. 33919	<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
_____	_____	_____	<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.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated Aug. 28<sup>th</sup>, 2012.

Carol A. Wilhelm  
Signature of a member or authorized representative of a member  
CAROL A. WILHELM  
Typed or printed name of signee  
Catarino A. Borrego  
Typed or printed name of signee