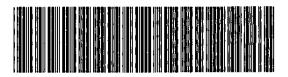
# 11000120087

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



200215143422

12/15/11--01011--002 \*\*25.00

SECRETARY OF STATE

T. CLINE

DEC 1 6 2011

**EXAMINER** 

# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: The Abin GROUP L.L.C.  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:
Patricia Lever Name of Person
The Aubin GROUP L.L.C.
12230 FORFST Hill blue Scite 164
For further information concerning this matter, please call:  PATRICIA LEVER  at S61, 227, 1562  The second
For further information concerning this matter, please call:
Paraicia Lever at 561, 227, 1562  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Scertificate of Status S55.00 Filing Fee Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee, 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

upon Group C	C.C.	
bility Company as it now appears on rida Limited Liability Company)	our records.)	
— ·	20, 2011 and assigned	
ng:		
limited liability company here:		
e words "Limited Liability Company,"	the designation "LLC" or the abbreviation	
::		
DDRESS)	SEC 28	
	<u>2</u> # BT	
	15 15 15 15 15 15 15 15 15 15 15 15 15 1	
	111 - 12 - 12 - 12 - 12 - 12 - 12 - 12	
<u>k)</u>		
	32 T	
	Su to	
	records, enter the name of the new	
Fnter F	lorida street address	
Enter 1 tortua street adaress		
City	, Florida Zip Code	
	egistered office address on our raddress here:  Enter F.	

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 = Ma	naging Member		
<u>Title</u>	Name	Address	Type of Action
MGR	PATRICIA LEVER	Suite 164 WEllington FL 33414	Add Remove
<u>MGRM</u>	PATRICIA LEVER	SAME	Add Remove
M6RM	Matthew LEVER	12230 Forest Hill block Svite 164 Wellington FL 33414	Add <b></b> Remove
MGR	Matthew LEVER	SAME	Add Remove
<del></del>			Remove
			Add C
D. If amendi	ng any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	<u></u>
			<del>-</del>
			_
Dated	Signature of a meanber	or authorized representative of a member	
	Potricio Le Typed	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00