

L12000020674

(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



200226614232

03/30/12--01010--026 **25.00

FILED
12 MAR 30 PM 2:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
APR 2 2012

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ABC Marketing Solutions, 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:

Charles O'Reilly

Name of Person

ABC Marketing Solutions, LLC

Firm/Company

40 NE 2nd Ave

Address

Deerfield Beach, FL 33441

City/State and Zip Code

charles@abc-marketing.com

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

For further information concerning this matter, please call:

Charles O'Reilly

Name of Person

at (954)

834-2120

Area Code & 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 & Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & 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
12 MAR 30 PM 2:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ABC Marketing Solutions, 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 2-13-12 and assigned Florida document number L12000020674.

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:

40 NE 2nd Ave.

(Principal office address MUST BE A STREET ADDRESS)

Deerfield Beach, FL. 33441

Enter new mailing address, if applicable:

40 NE 2nd Ave.

(Mailing address MAY BE A POST OFFICE BOX)

Deerfield Beach, FL. 33441

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:

same

New Registered Office Address:

40 NE 2nd Ave

Enter Florida street address

DEERFIELD BEACH

Florida

33441

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<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

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Please remove: 6709 OLD FARM TRAIL, BOYNTON BEACH, FL 33437

from Manager/Member Detail address for CHARLES O'REILLY.

The New address for Charles O'Reilly Manger/Member detail is: ~~6709 Old Farm Trail~~

410 NE 2nd AVE. DEERFIELD BEACH, FL 33441

Thank you for all these correction of addresses.

Dated March 28, 2012

Charles O'Reilly
Signature of a member or authorized representative of a member

Charles O'Reilly

Typed or printed name of signee