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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
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SECRETARY OF STATE

T. HAMPY Office

COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: Abing ton Sules and Marketing 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: |
| Michael Leo Name of Person |
| Abing ton Sales and Marketing LLC Firm/Company |
| 15716 Charter Oaks Trail Address |
| Clermont, FL 34711 City/State and Zip Code |
| m; chael, Leo / eg mail, com E-mail address: (to be used for future annual report notification) |
| E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: |
| Michael Leo at (407) 450-1003 Name of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee \$\times \text{S30.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\text{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

| ARTICLES OF C | ORGANIZATION |
|---|--|
| O | OF ASS 5 |
| The Articles of Organization for this Limited Liability Company Florida document number \(\begin{array}{c} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liab | ility company here: |
| The new name must be distinguishable and end with the words "Limited Liab | oility Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 407 5 Disston Ave |
| (Principal office address MUST BE A STREET ADDRESS) | Minnerla, FL. 34715 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 407 S. Disston Ave Minnaula, FL 34715 |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here | ffice address on our records, enter the name of the new $\underline{\mathbf{e}}$: |
| 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 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

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

| AMBR = A | uthorized Member | | |
|--------------|------------------|-------------------------------------|--|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
| MB12 | Rula Izzeddin | 444 Duff Drive | □ Add |
| | | 444 Duff Drive Winter Garden, FL | 3118 Remove |
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| | date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 | (optional) days after |
| the date this o | date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 | (optional) days after |
| the date this o | date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 document is filed by the Florida Department of State) North 9, 2015. | (optional) days after |

Page 3 of 3

Filing Fee: \$25.00