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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : STONELEIGH COMPANIES, LLC

Account Number : [20120000016

Phone

: (224)770~4600

Fax Number

: (224)770-4609

*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ABO REALTY INVESTORS, LLC

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J. SAULSBERRY EXAMINER

NOV 19 283

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

ABO Realty Investors, 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:

Kelley Lynch

Name of Person

Stoneleigh Companies, LLC

Firm/Company

760 W. Main Street, Ste. 140

Address

Barrington, IL 60010

City/State and Zip Code

klynch@stoneleighcos.com

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

For further information concerning this matter, please call:

Kelley Lynch

Name of Person

,,224,770-4600

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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ABO Realty Investors, LLC		
(<u>Name of the Limited Liability Co</u> n (A Florida Limit	npany as it now appears on our reed Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Comp Florida document number L12000141728		
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 "I "L.L.C."	Jimited Liability Company," the de	signation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	_	
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	存为 高
		ER 6
		33 o n 1
Enter new mailing address, if applicable:		in f
(Mailing address MAY BE A POST OFFICE BOX)		
		第三 解
		ger K
B. If amending the registered agent and/or registered registered agent and/or the new registered office address i		is, enter the name of the new
registered agent and/or the new registered office and ess	ucto.	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida	street address
	, 1	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 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

Page 1 of 3

MGR = Manager

MGRM = Managing Member

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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:

Title <u>Name</u> Address Type of Action Cindy S Owens MGR 22431 N 54th Street Phoenix, AZ 85054 Remove 22431 N 54th Street MGR[®] The ABO Family Trust dated 7/26/11 Phoenix, AZ 85054 Remove g Q;}

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). If amending any other information	on, enter change(s) here: (Attach additional sheets, if necessary.)
· · · · · · · · · · · · · · · · · · ·	
November 12	2012
	ture of a member or authorized representative of a member
Signa	ture of a member or authorized representative of a member
Cynthia Susan Ov	vens, Trustee of The ABO Family Trust Dated 7/26/11
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00