## L12000/01/148

(Requestor	r's Name)			
(Address)				
(Address)	<del>-</del>			
(City/State/Zip/Phone #)				
PICK-UP	WAIT MAIL			
, (Business	Entity Name)			
- (Documen	t Number)			
Certified Copies	Certificates of Status			
Special Instructions to Filing C	Officer:			

Office Use Only



000241950750

000241950750 01/03/13--01022--011 \*\*25.00

2019 JAN -9 AMII: OL

JAN 1 0 2013 D. BRUCE

## **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT

ABG13, 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:

**Scott Parker** 

Name of Person

ABG13, LLC

Firm/Company

P.O. BOX 644397

Address

Vero Beach, FL 32964

City/State and Zip Code

donna@abgcos.com

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

For further information concerning this matter, please call:

Scott Parker

,772、766-3333

Name of Person

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)

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

ABG13, 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 w	ere filed on DECEMBER 27, 2012 and assigned
Florida document number L12000161148	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabilit	ty company here:
MA	
The new name must be distinguishable and end with the words "Limited "L.L.C."	Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	2018 FALL
Enter new mailing address, if applicable:	The state of the s
(Mailing address MAY BE A POST OFFICE BOX)	
-	rn $\prec$ $\cup$ $\mathbb{R}$
B. If amending the registered agent and/or registered offic	anddress on our records enter the name of the naw
registered agent and/or the new registered office address here:	NA EN .
	Δ <sup>1</sup> .
Name of New Registered Agent:	The state of the s
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature if changing Registered Agent	.14

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>	Name	<u>Address</u> <u>T</u>	pe of Action
MGRM	33 CORPORATION	2063 INDIAN RIVER BLVD.	Add
		VERO BEACH, FL 32960	Remove
MGRM	SCOTT PARKER	2063 INDIAN RIVER BLVD.	Add
		VERO BEACH, FL 32960	Remove
			Add
			Remove
		A of the second	Z-Add
		SSE FLO	Remove
			Add
		<del></del>	Remove
		-	Add
		<del></del>	Remove

). If amending any other information	on, enter change(s) here: (Attach additional sheets, if necessar)	v.)
-		
JANUARY 4	2013	
	Julla	
	ature of a member or authorized representative of a member	
SCOTT PÁRKE	R	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00

2018 JAN -9 AMII: 04