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TÄLLAHASSEE FLORIDA

COVER LETTER TO: ... Registration Section Division of Corporations SUBJECT: The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/Company -mail address: (to be used for future annual report notification) For further information concerning this matter, please call:

MAILING ADDRESS:

☐ \$30.00 Filing Fee &

Certificate of Status

Enclosed is a check for the following amount:

\$25.00 Filing Fee

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

□ \$60.00 Filing Fee,

Certified Copy (additional copy is enclosed)

Certificate of Status &

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

□ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

ABM and ABM	UC
(<u>Name of the Limited Liability Companyla</u> (A Florida Limited Liab	is it now appears on our records.)
The Articles of Organization for this Limited Liability Company we Florida document number	re filed on $1/10/2013$ and assigned
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 contain the words "Limited Liability Contains and Contains Contains	Ompany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	18 ALL
-	JA AH
	ASS ASS
Enter new mailing address, if applicable:	my me
(Mailing address MAY BE A POST OFFICE BOX)	FES
<u> </u>	: DRIE
) D
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	e address on our records, enter the name of the new
Name of New Registered Agent: A Sh	ni Mulchand
New Registered Office Address: 438	2 MUSTAND LEGF DRIVE Enter Florida street address
<u>Origno</u>	. Florida 32827
	z.tp code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to accomply 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

MGR = , Ma AMBR = Au	nager thorized Member			
<u>Title</u>	Name	Address		Type of Action
6RM	Azah Mulchand	938	2 MustavdiegFoniv Ovlandu, PZ 32827	<u> </u>
				Remove
				□ Change
				D Add
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				Change

D. If amending any	other information, enter change(s) her	e: (Attach	additional sheets, if necessary	v.)	
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				AN	ETAR
		-		= :	TATE ORIDA
					
				<u>_</u>	
(If an effective date is Note: If the date is	other than the date of filing: listed, the date must be specific and cannot be prio nserted in this block does not meet the applic we date on the Department of State's records	able statuto) Pursuant to 605.0	
	fies a delayed effective date, but no after the record is filed.	ot an effe	ctive time, at 12:01 a.m.	on the earlier	of:
Dated Mount	iony 17th 201	8	s d		
	Signature of a member or auth	orized repres	sentative of a member		
	Typed or print	ed name di s	ICH AND		

Page 3 of 3

Filing Fee: \$25,00