

LB000028997

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

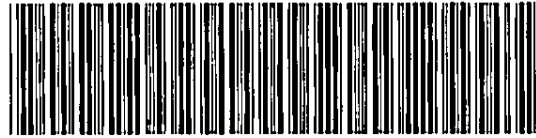
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400318689754

09/28/18--01005--019 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 SEP 28 AM 7:12

N COOPER

OCT 02 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ABS INVESTMENTS OF SW FL 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:

MARIA DEL ROCIO PERALES

Name of Person

Firm/Company

1111 DIXIE AVE

Address

LEHIGH ACRES, FL 33972

City/State and Zip Code

RVARALA243@GMAIL.COM

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

For further information concerning this matter, please call:

MARIA DEL ROCIO PERALES 239 245-5107

Name of Person at () Daytime Telephone Number
Area Code

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

ABS INVESTMENTS OF SE FL 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 02/25/2013 and assigned Florida document number 113000028997.

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 Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
CEO	OLGA M RAMOS	12355 COLLIER BLVD H	<input type="checkbox"/> Add
		LEHIGH ACRES, FL 33972	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ALVARO GONZALEZ	1111 DIXIE AVE	<input type="checkbox"/> Add
		LEHIGH ACRES, FL 33972	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	MARIA DEL ROCIO PERALES	1111 DIXIE AVE	<input type="checkbox"/> Add
		LEHIGH ACRES, FL 33972	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AP	GABRIEL GARCIA GONZALEZ	1100 SUNSHINE BLVD S	<input checked="" type="checkbox"/> Add
		LEHIGH ACRES, FL 33976	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	EVELING DEL SOCORRO ULLOA	4741 14TH ST SW	<input checked="" type="checkbox"/> Add
		LEHIGH ACRES, FL 33973	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

18 SEP 28 AM 7:12

STOR FARM OF
DIVISION OF INFORMATION

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Maria Perales

MARIA DEL ROCIO PERALES

Page 3 of 3

Filing Fee: \$25.00