## 4130000084637

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
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PICK-UP WAIT MAIL					
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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

A&B BUSINESS GROUP 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:

**CARLOS DIAZ** 

Name of Person

A&B BUSINESS GROUP LLC

Firm/Company

968 AZURE LN

Address

WESTON, FL 33326

City/State and Zip Code

willalvarezz@yahoo.com

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

For further information concerning this matter, please call:

**CARLOS DIAZ** 

954 687-4978

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

S25.00 Filing Fee

☐\$30.00 Filing Fee & Certificate of Status ☐S55.00 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited I	Liability Comp Florida Limited	any as it now appears Liability Company)	on our records.)	<del></del>	
The Articles of Organization for this Limited Lia Florida document number L13000084637	ability Compan	ly were filed on <u>Jun</u>	e 12, 2013	and assign	ed
This amendment is submitted to amend the follow	wing:				
A. If amending name, enter the new name of	the limited lia	bility company here	<b>;</b>		
N/A					
he new name must he distinguishable and end with L.L.C."	the words "Lin		ny," the designation "L	LC" or the abbr	eviation
Enter new principal offices address, if applica	ıble:	N/A			<u>=ع</u>
Principal office address MUST BE A STREET ADDRESS)				55	
<del></del> · · ·				い <u>ご</u> 円	
nter new mailing address, if applicable:		N/A		OF STA	E COL HIY
Mailing address MAY BE A POST OFFICE B	3 <i>0X</i> )			127	
i. If amending the registered agent and/o egistered agent and/or the new registered off	fice address be		ur records, <u>enter (</u>	the name of t	he nev
Name of New Registered Agent:	N/A		<u>-</u>		
New Registered Office Address:	N/A		au Elavida atuaca ad	· · · · · · · · · · · · · · · · · · ·	
		Ent	er Florida street ada	ress	
			, Florida		
		City		Zip Code	

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

ARR RUSINESS GROUP LLC

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

Title	Name	Address	Type of Action
MGR	Ignacio J. Laviosa	1339 Sago Ln	Add
		Weston, FL 33327	Remove
-			
			2000 PL 17
			Add
			Add
			Remove
			Remove