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J. SAULSBERRY EXAMINER OCT 30 2013

COVER LETTER

TO:

Registration Section
Division of Corporations

STEPRESE ADS

Absoluteley Anything Cabling Installations, 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:

Eric Sellati

Name of Person

Absolutely Anything Cabling Installations, LLc

Firm/Company

5415 Lake Howell Rd #132

Address

Winter Park, FL 32792

City/State and Zip Code

aaciflorida@gmail.com

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

For further information concerning this matter, please call:

Eric Sellati

407 255-3888

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)

□\$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

Absolutely Anything Cabling Installations, LLC (Name of the Limited Liability Company as it now appears on our records.)

(AF	lorida Limited L	iability Company)		
The Articles of Organization for this Limited Lial	hilim Cammany	June 5. 2013	and ass	imad
	onity Company	were filed on State Of Late	_ and ass	agnea
Florida document number L13000096706				
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liab	ility company here:		
,				
The new name must be distinguishable and end with	the words "Limi	ted Liability Company," the designation "LLC	" or the a	bbreviation
"L.L.C."			÷	000
Enter new principal offices address, if applicat	ale:	5415 Lake Howell Rd #132		<u>-</u> 4
(Principal office address MUST BE A STREET		Winter Park, FL 32792	÷.	8
(Frincipal office unaress MOST BE A STREET	<u>ADDRESS)</u>		····	
				
				03
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE B	<u>0X)</u>			
,			·	
B. If amending the registered agent and/or registered agent and/or the new registered officers.			name o	f the new
registered agent and/or the new registered one	ce address lier	±•		
Name of Nam Degistered Agents				
Name of New Registered Agent:				
New Registered Office Address:	5415 Lake	Howell Rd #132		<u> </u>
		Enter Florida street addres		
	Winter Par			
		City	Zip Code	:
New Registered Agent's Signature, if changing Re	gistered Agent:			
I hereby accept the appointment as registered the provisions of all statutes relative to the pro-	age nt and agre	ee to act in this capacity. I further agree	to comp	dy with
accept the obligations of my position as registe	nar and comit	late newformanue of my duties and I am	Corners Is mus	with and
		lete performance of my duties, and I am		
	ered agent as p gistered office	lete performance of my duties, and I am	his docu	ment is
company has been notified in writing of this ch	ered agent as p gistered office	lete performance of my duties, and I am provided for in Chapter 608, F.S. Or, if t	his docu	ment is
	ered agent as p gistered office nange.	lete performance of my duties, and I am provided for in Chapter 608, F.S. Or, if t	his docu ed Iiabili	ment is ty
	ered agent as p gistered office nange.	lete performance of my duties, and I am provided for in Chapter 608, F.S. Or, if the address, I hereby confirm that the limited in Registered Agent, Signature of New Register	his docu ed Iiabili	ment is ty

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 Type of Action Name <u>Address</u> **Title** Eric Sellati 5415 Lake Howell Rd #132 MGR Winter Park, FL 32792

. If amending	any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	,
<u></u>	
Ostok	2012
octok Octok	per 29 2013
— Ę∕rj	Signature of a member or authorized representative of a member
<i>H</i>	Typed or printed name of signec
	Page 3 of 3
	Filing Fee: \$25.00

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