

L13000135344

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TALLAHASSEE, FLORIDA

D. SCOTT
DEC 1 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AB SOUTH FLORIDA HOLDING, 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:

ALEXANDRE BEVZIOUK
Name of Person
AB South Florida Holding, LLC
Firm/Company
294 Lennox Ave
Address
Richmond Hill, Ont, L4C 2A7, CANADA
City/State and Zip Code
alex B 66@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alexandre Bevziouk at (416) 317 0440
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

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TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

AB SOUTH FLORIDA HOLDING, 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 09/23/2013 and assigned
Florida document number L130001353.44

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>
AMBR	MARIYA BEVZYUK	294 LENNOX AVE	<input checked="" type="checkbox"/> Add
		RICHMOND HILL	<input type="checkbox"/> Remove
		ONTARIO, CANADA	<input type="checkbox"/> Change
		L4C 2A7	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	AURIMAS ZONUSKIS	9990 Coconut Rd	<input checked="" type="checkbox"/> Add
		Unit 254	<input type="checkbox"/> Remove
		Bonita Springs	<input type="checkbox"/> Change
		FL 34135	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

SECRETARY
TALLAHASSEE

Pursuant to 685.0207(3)(h)
will not be listed as the

E. Effective date, if other than the date of filing: _____ (optional)

(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 35 U.S.C. 102(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be used as the document's effective date on the Department of State's records.

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.

Dated November 14, 2016

Lee

ALEXANDRE BÉVZIOUK

Typed or printed name of signee