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(F	Requestor's Name)
(A	Address)
	Address)
(0	City/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
3)	Business Entity Name)
	Document Number)
Certified Copies	Certificates of Status
Special Instructions t	to Filing Officer:

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COVER LETTER

	gistration Sec vision of Corp			
CUDICAT.	AB Ranch			
SUBJECT:	-	Name of Limi	Name of Limited Liability Company Indiment and fee(s) are submitted for filing. Individual and fee(s) are submitted for filing. I	
The enclose	d Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please returi	n all correspor	ndence concerning this matter	to the following:	
		Joy Spill		
			Name of Person	
			Firm/Company	
		9500 S. Dadeland Blvd.	Suite 708	
			Address	
		Miami, FLorida 33156		
			•	
		- -		(agtion)
For further is	nformation co	oncerning this matter, please ca	-	Cattony
Ronald Tob	nio			
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	e following amount:		
■ \$25.00 H	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status		

MAILING ADDRESS:

TO:

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

AB Ranch LLC		
(Name of the Limited Liability Compan (A Florida Limited L	y as it now appears on our records. ability Company))
he Articles of Organization for this Limited Liability Company	were filed on 9/18/2014	and assigned
lorida document number L14000146512		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liabil	lity company here:	
he new name must be distinguishable and contain the words "Limited Liabili	ly Company," the designation "LLC"	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		£ 36
		& n
		See
nter new mailing address, if applicable:		
		- <u>- </u>
Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
. If amending the registered agent and/or registered off egistered agent and/or the new registered office address here		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Floo	rida Zip Code
	City .	гар Соце

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>	Address	Type of Action
MGR	Ronald Tobin	7340 SW 48 St., Suite 102 Miama; FL-	33 5 5 ■ Add
			□ Remove
			Change
MGR	Joy B. Spill	9500 S. Dadeland Blvd., Suite 7⊖ \$	
		Mirmi, FL. 33156	■ Remove
			Change
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					-
ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to tote: If the date inserted in this block does not meet the application occurrent's effective date on the Department of State's records.			FLORIDA 1al)	PM 5: 24	605.
record specifies a delayed effective date, but not	an effective tim	e. at 12:01 a	m. on f	the ea	ırlier o
The 90th day after the record is filed.		,			
sted 8 17 18	, ·				
Signature of a member or author	rized representative of	a member			-

Page 3 of 3

Filing Fee: \$25.00