

L15000010967

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(City/State/Zip/Phone #)

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EFFECTIVE DATE

05/18/15

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
15 MAY 22 PM 4:00  
TALLAHASSEE, FLORIDA

MAY 22 2015

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** AMERICA BUSINESSCONNECTION, 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:

RENATO CAUCHIOLI

Name of Person

AMERICA BUSINESSCONNECTION, LLC

Firm/Company

15807 BISCAYNE BLVD 207

Address

NORTH MIAMI BEACH, FL 33160

City/State and Zip Code

RENATO CAUCHIOLI@GMAIL.COM

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

For further information concerning this matter, please call:

RENATO CAUCHIOLI

305 354-6316

Name of Person

at ( )

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA  
MAY 22 PM 4:00

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

AMERICA BUSINESSCONNECTION, 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 01/20/2015 and assigned  
Florida document number L15000010967.

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)**

15807 BISCAYNE BLVD 207

NORTH MIAMI BEACH, FL 33160

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

15807 BISCAYNE BLVD 207

NORTH MIAMI BEACH, FL 33160

**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**

[illegible]

05/18/2015

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

Dated MAY 18

2015

Signature of a member or authorized representative of a member

RENATO CAUCHOLI

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 MAY 22 PM 4:00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS