L15000052532

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J. HARRIS

COVER LETTER

TO:	Registration Se Division of Cor		•	·
SUBJE	AJB CAPIT	AL GROUP, LLC.		
SUBJE	CI:	Name of Lim	ited Liability Company	
The end	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		HOWARD BASSUK		
			Name of Person	
		AJB CAPITAL GROUP, I	LLC.	
		<u> </u>	Firm/Company	
		4429 PARKBREEZE COU	JRT	
			Address	
		ORLANDO, FL. 32808		
			City/State and Zip Code	
		INFO@AJBGROUPCOMP		
		E-mail address: (to be used for future annual report notifi	cation)
For furt	her information ed	oncerning this matter, please ca	all:	
HOWA	RD BASSUK		305 577-4848 at ()	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclose	d is a check for th	e 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

AJB CAPITAL GROUP, LLC.		
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compare Florida document number L15000052532	by were filed on $\frac{03/24/2015}{}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lia"	bility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4429 PARKBREEZE COURT	三 氮 对
(Principal office address MUST BE A STREET ADDRESS)	ORLANDO, FL. 32808	
Enter new mailing address, if applicable:	4429 PARKBREEZE COURT	PR D
sites nen maning address, in apprica		22.7
• •	ORLANDO, FL. 32808	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered registered agent and/or the new registered office address he Name of New Registered Agent: New Registered Office Address:	office address on our records, <u>e</u> ere:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered registered agent and/or the new registered office address he have a Name of New Registered Agent:	office address on our records, e	<u> </u>

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 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
		-	Add
			☐ Remove
			□ Change
		· · · · · · · · · · · · · · · · · · ·	□ Remove
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			☐ Change

If ameņd	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
-	
Effective	date, if other than the date of filing: (optional)
Note: If	re 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 605.02 he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as effective date on the Department of State's records.
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier th day after the record is filed.
Dated_JU	Y 16 2015 55
Daicu	
	Howard Dar
	Signature of a member or authorized representative of a member
	To R C
	Typed or printed name of signee

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Filing Fee: \$25.00