

11/02/2015 MON 17:32 FAX

001/005

10/30/2015

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H15000260516 3)))



H150002605163ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : PROMINENT SERVICES INC  
Account Number : I20150000063  
Phone : (305)889-2880  
Fax Number : (305)889-2881

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

corporationconvention@yahoo.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
ABS LOGISTICS GROUP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

NOV 04 2015

S. YOUNG

Electronic Filing Menu

Corporate Filing Menu

Help

H150002605163  
COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ABS LOGISTICS GROUP 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:

JOSE MAXIMILIANO SCJORTING

Name of Person

ABS LOGISTICS GROUP LLC

Firm/Company

9950 NW 9TH ST CIR#102

Address

MIAMI, FL, 33172

City/State and Zip Code

groupsocio@gmail.com

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

FILED  
15 NOV -3 AM 11:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

JULIAN GOROSITO

786

409 - 3316

at ( )

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

H150002605163

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

H15000260 3163

ABS LOGISTICS GROUP 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 06/10/2015 and assigned Florida document number L1500010163

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)

9950 NW 9TH ST CIR#102

MIAMI, FL, 33172

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9950 NW 9TH ST CIR#102

MIAMI, FL, 33172

FILED  
NOV -3 AM 11:13  
CLERK OF STATE  
TALLAHASSEE FLORIDA

**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:

JOSE M SCIORTINO

New Registered Office Address:

9950 NW 9TH ST CIR#102

Enter Florida street address

MIAMI

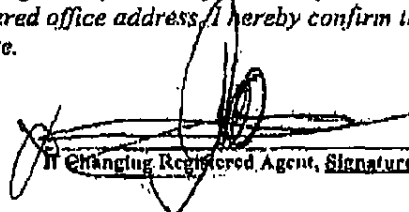
, Florida 33172

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

H15000260 3163

#150002605163

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

Title	Name	Address	Type of Action
MGR	JOSE M SCIORTINO	9950 NW 9TH CIRCLE STREET	<input type="checkbox"/> Add
		#102	<input type="checkbox"/> Remove
		MIAMI, FL 33172	<input checked="" type="checkbox"/> Change
MGR	MARISOL BOVIO	9950 NW 9TH CIRCLE STREET	<input type="checkbox"/> Add
		#102	<input type="checkbox"/> Remove
		MIAMI, FL 33172	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
NOV - 3 AM 11:13  
TALLAHASSEE FLORIDA  
SECRETARY OF STATE

#150002605163

#150002605162

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

FILED  
NOV -3 AM 11:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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 605.0207 (3)(b)

**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.

(b) The 90th day after the record is filed.

Dated NOVEMBER 02 2015

JOSE MAXIMILIANO SCIORTINO

Typed or printed name of signee

H 150002605163