L/6000011014

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2016 JAN 25 PK 1: 30

K.SOLY EXAMINER JAN 27

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Abi's Affic, 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:
Amanda Faurce Name of Person
Firm/Company
7307 S Shanrock Rd
Tampa, F2 33616 Varoebyanandataunce@gmail.com E-mail address: (to b) used for future annual report notification)
For further information concerning this matter, please call:
Amanda Faunce at (\$13) 7671509 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee \& Certificate of Status \$\Bigcup \\$55.00 Filing Fee \& Certificate of Status \& Certified Copy (additional copy is enclosed) \$\Bigcup \\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

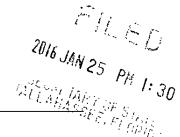
MAILING ADDRESS:

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



(Name of the Limited Liability Company as it now appears on our records

(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 Jan 15, 2016 and assigned Florida document number L14000011014. 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 "LLC." 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

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 = Aut	horized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Amanda Faunce	73075 Shamrock Rd Tampa, FL 33616	E Add
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	re: (Attach additional sheets, if necessary.) 2016 AN 25
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	THASSA,
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rective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be prioute: If the date inserted in this block does not meet the applicument's effective date on the Department of State's records	or to date of filing or more than 90 days after filing.) Pursuant to 605.020 cable statutory filing requirements, this date will not be listed a
record specifies a delayed effective date, but no The 90th day after the record is filed.	ot an effective time, at 12:01 a.m. on the earlier o
ded Jan 21 .2016	<u>, </u>
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Page 3 of 3

Filing Fee: \$25.00