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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

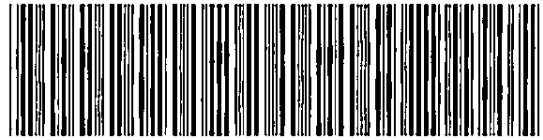
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SECRETARY OF STATE
TALLAHASSEE, FL

MR 7/17/25

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ABJ Solutions 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:

Brian Johnson

Name of Person

ABJ Solutions LLC

Firm/Company

2839 Coach Manors Way

Address

New Port Richey, FL 34655

City/State and Zip Code

abjsolutionsllc@gmail.com

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

For further information concerning this matter, please call:

Brian Johnson

904 at (206)

2185

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

ABJ Solutions 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 09/21/2016 and assigned
Florida document number 81-3938735.

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)

2839 Coach Manors Way

New Port Richey, FL 34655

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2839 Coach Manors Way

New Port Richey, FL 34655

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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

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>	<u>Address</u>	<u>Type of Action</u>
SEC	April D Johnson	5050 Apex Cir Apt 401	☐ Add
		Davenport, FL 33837	☒ Remove
			☐ Change
			☐ Add
			☐ Remove
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(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)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated May 5, 2025

Signature of a member or authorized representative of a member

Typed or printed name of signee

RELINQUISHMENT OF MEMBERSHIP INTEREST AND OFFICER POSITION

January 1, 2025

RE: ABJ Solutions LLC

To Whom It May Concern:

I, April Johnson, hereby voluntarily relinquish, transfer, and assign my entire fifty percent (50%) membership interest in ABJ Solutions LLC, a Florida limited liability company (the "Company"), to Brian Johnson. This relinquishment is effective immediately.

I further resign from my position as Secretary of the Company, effective immediately.

In connection with this relinquishment and resignation, I hereby:

1. Transfer all of my right, title, and interest in the Company to Brian Johnson;
2. Waive any and all rights to distributions, profits, and losses of the Company;
3. Acknowledge that I am receiving no compensation for this relinquishment and that I have no further claims against the Company or Brian Johnson related to my former membership interest; and
4. Agree to execute any additional documents reasonably necessary to effectuate the purposes of this relinquishment.

Brian Johnson and ABJ Solutions LLC hereby release and forever discharge April Johnson from any and all debts, liabilities, obligations, claims, and demands of every kind and nature, whether known or unknown, that the Company or Brian Johnson have or may have against April Johnson relating to her membership in or involvement with the Company.

I understand that following this relinquishment, Brian Johnson will be the sole member and owner of the Company holding one hundred percent (100%) of the membership interests.

This document and the relinquishment herein are irrevocable.

Signed:

Signature: _____

April Johnson

Date: 3/27/25

Signature: _____

Brian Johnson

Date: 3/27/25

NOTARY ACKNOWLEDGEMENT

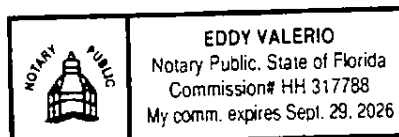
State of Florida) ss. County of H. H. B. County)

On this 02nd day of March, 2025, before me, the undersigned Notary Public, personally appeared April Johnson and Brian Johnson, known to me (or satisfactorily proven) to be the persons whose names are subscribed to the foregoing instrument, and acknowledged that they executed the same for the purposes therein contained.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

Notary Public

My Commission Expires: Sept. 29, 2026



IN THE CIRCUIT COURT FOR
PROBATE DIVISION

COUNTY, FLORIDA

IN RE: ESTATE OF

CASE NUMBER: _____

[DECEDENT].

AFFIDAVIT OF HEIRS

For purposes of this document, you must list ALL RELATIVES of the decedent, including yourself, if applicable. If the relative was deceased at the time of the decedent's death, please provide the deceased relative's name, indicate deceased, and date of death. Answering with n/a, not applicable, or any other such designation is inappropriate for this document. If there is no person in the respective category, please indicate "None." When appropriate you must indicate if the relationship is that of a half-relative (i.e. half-brother or half-sister).

____ 1. Spouse of the Decedent. (Provide name, age, and address; or if deceased, provide name, indicate deceased, and date of death).

None

____ 2. Children of the Decedent, or descendants of deceased children. (Provide name, age, and address; or if deceased, provide name, indicate deceased, and date of death). If any of the children are NOT biologically related to BOTH the decedent and the spouse at the time of death, provide the name of that particular child's other biological parent.

____ 2a. If the surviving spouse has children who are **not** the children of the deceased, please indicate their name(s).

____ 3. Parents of the Decedent. (Provide name, age, and address; or if deceased, provide name, indicate deceased, and date of death).

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____ 4. Siblings, and descendants of deceased siblings. You must indicate whether the relationship is that of a half-relative (i.e. half -brother or half-sister). (Provide name, age, and address; or if deceased, provide name, indicate deceased, and date of death).

____ 5. Grandparents. (Provide name, age, and address; or if deceased, provide name, indicate deceased, and date of death).

____ 6. Aunts and Uncles of the Decedent. (Provide name, age, and address; or if deceased, provide name, indicate deceased, and date of death).

____ 7. Kindred of the last deceased spouse (ONLY IF filing intestate and is not previously listed above). (Provide name, age, and address; or if deceased, provide name, indicate deceased, and date of death).

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Under penalties of perjury, I declare that I have read the foregoing Affidavit of Heirs and the facts stated therein are true.

Affiant (Signature)

Name: _____

Address: _____

State of _____

County of _____

Subscribed and sworn before me this ____ day of _____, 20____.

Notary Public or Deputy Clerk

Personally known
Produces identification
Type of identification: _____

Print, type or stamp commissioned name of
Notary or deputy clerk