L16000176529

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

LLC reinstatement

Office Use Only

400452336464

06/06/25--01027--004 **

2025 JUN -9 PM 9:13

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)

FILED
2025 JUN 19 PM 9:13
SECRETARY OF STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

Brian Johnson at (904) 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

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

2023 JUN -9 PM 9:13
SECRETARY OF STATE
TALLAHASSEE, FL

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

Title	Name	Address	Type of Action
SEC	April D Johnson	5050 Apex CirApt 401	☐Add
		Davenport, FL 33837	■Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change

2025 JUN -9 PM 2:13
SECRETARY OF STATE
TALLAHASSEE, FL

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

2025 JUN -9 PM 9:13
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

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.

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

Brian S Johnson

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.

2025 JUN -9 PH 9:24

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: 3/5/25

Signature: _____
Brian Johnson
Date: 3/7/25

NOTARY ACKNOWLEDGEMENT

State of Florida)) ss. County of Hillsborough)

On this 07 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

EDDY VALERIO
Notary Public, State of Florida
Commission# HH 317788
My comm. expires Sept. 29, 2026

IN THE CIRCUIT COURT FOR COUNTY, FLORIDA
PROBATE DIVISION

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).

____ 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).

_____
_____

2025 JUN -9 PM 9:24
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

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