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COVER LETTER

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TO:	Registration Section Division of Corpor		:	A 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		
SUBJE	CT:	ABD 123 Name of Limit	led Liability Company			
The en	closed Articles of Am	endment and fee(s) are subr	nitted for filing.			
Please	return all corresponde	nce concerning this matter t	to the following:			•
		Ha	Name of Person	Inck		
		<u>A15</u>	Firm/Company		-	
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		PAL	City/State and Zip Code	RBOR	-	TAPR 28 PMII: 04
	-	E-mail dddress: (if C 6 to to the be used for future annual	report notification)		B Figh
For fu	ther information conc	erning this matter, please ca		•		PH TOWN
	Hanif Name of Pe	e Ipek	at (201) Area Code	486 - 424 Daytime Telephone Numb	<u>3</u> er	OF STEE
Enclos	sed is a check for the f	ollowing amount:		,		
□ \$2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enc	Certific (losed) Certifie	ate of Status &	

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

ABD123 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 April 18 th 2017 and assigned Florida document number <u>L1700086253</u>
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)
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
City , Florida

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 = . Mar AMBR = Aut	nager horized Member		
	<u>Title</u>	Name	Address	Type of Action
	AMBR	Harrife Tpel	3077 Cinnamon	X Add
			Blvd. Palm Harbor	□ Remove
			Fl, 34684	Change
				□ Add
				Remove
				Change
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). If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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Note:	tive date, if other than the date of filing:	.0207 (3)(Ь)
f the re b) The	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie a 90th day after the record is filed.	er of:
Dated	April 26th, 2017.	
	Signature of a member or authorized representative of a member	
	Typed or printed name of signce	

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Filing Fee: \$25.00