110000229971

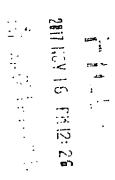
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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
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HARRIS

COVER LETTER

TO: _ Registration Se Division of Co			
	SONS LLC		
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Alfred Botello		
		Name of Person	
	AB and Sons LLC		
		Firm Company	
	2484 NW 49th Terrace		
		Address	
	Coconut Creek, FL 33063		
		City/State and Zip Code	
	bigal2014us@yahoo.com		
For further information of	n-man address: (concerning this matter, please co	to be used for future annual report notif all:	ication)
Alfred Botello		954 610-7382	
Name o	of Person	at ()	: Telephone Number
Enclosed is a check for t	he 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AB AND SONS "LEC"		
(<u>Name of the Lim</u>	ited Liability Company as it now appears on our record (A Florida Limited Liability Company)	<u>(1s.</u>)
The Articles of Organization for this Limited I Florida document number <u>L17000229971</u>	Liability Company were filed on 11/07/2017	and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability company here:	
AB AND SONS LLC		
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 appli	cable:	5
Principal office address MUST BE A STRE	ET ADDRESS)	
		,
	-	5
Enter new mailing address, if applicable:		ι.)
Mailing address MAY BE A POST OFFICE		
maning address (1711 1917) 1 TOST OFFICE		
3. If amending the registered agent and	l/or registered office address on our record	s, enter the name of the r
registered agent and/or the new registered (office address here:	
Name of New Registered Agent:	ALFRED BOTELLO	
New Registered Office Address:		
	Enter Florida street addre.	S.S.
		lorida
	Circ	Zin 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>	Type of Action
AMBR	Alfred Botello	2484 NW 49th Terrace	Add
		Coconut Creek, FL 33063	
			☐ Change
			□ Remove
			Change
			□ Remove
			□ Change
			□ Add
			Remove
			☐ Change
	 	☐ Renjoye	
		□ Change	
			Add
			□ Remove
			□ Change

amending any other informa	tion, enter change(s) here: (Attach ada	litional sheets, if necessary.)	
-			
	, , , , , , , , , , , , , , , , , , , ,		
			.
Tective date, if other than the an effective date is listed, the date mus ote: If the date inserted in this blooment's effective date on the Decement's	date of filing: t be specific and cannot be prior to date of filing to book does not meet the applicable statutory frartment of State's records.	(optional) or more than 90 days after filing.) Pr iling requirements, this date wi	ursuant to 605.020 Il not be listed a
record specifies a delayed The 90th day after the reco	l effective date, but not an effectivord is filed.	e time, at 12:01 a.m. on	the earlier
November 9th	. 2017		2817
	Cin Barra		:: E
	Signature of a member or authorized representa	tive of a member	
	Alfred Botello Typed or printed name of signer		

Page 3 of 3

Filing Fee: \$25.00