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Division of Corporations

L 18000008107 H240000114703

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : COUCELO ASSOCIATES, INC.
Account Number : I20120000069
Phone : (561)683-3000
Fax Number : (561)965-0938

2024 JAN 10 PM 3:52
STATE OF FLORIDA
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: legacytaxcorps@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ABC INNOVATIVE CONCEPTS LLC

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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K. SALY

JAN 10 2024

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COVER LETTER

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TO: Registration Section
Division of Corporations

SUBJECT: ABC INNOVATIVE CONCEPTS 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:

ARNALDO J COUCELO
Name of Person
COUCELO ASSOCIATES, INC
Firm/Company
1818 S AUSTRALIAN AVE SUITE 230
Address
WEST PALM BEACH, FL 33409
City/State and Zip Code
LEGACYTAXCORPS@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ARNALDO J COUCELO
Name of Person
561 683-3000
at ()
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

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ABC INNOVATIVE CONCEPTS 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 01/09/2018

Florida document number L1800008107

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:

1269 Piazza Antinori

(Principal office address MUST BE A STREET ADDRESS)

Boynton Beach, FL 33426

Enter new mailing address, if applicable:

1269 Piazza Antinori

(Mailing address MAY BE A POST OFFICE BOX)

Boynton Beach, FL 33426

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

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
.....	<input type="checkbox"/> Add
.....	<input type="checkbox"/> Remove
.....	<input type="checkbox"/> Change
.....	<input type="checkbox"/> Add
.....	<input type="checkbox"/> Remove
.....	<input type="checkbox"/> Change
.....	<input type="checkbox"/> Add
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.....	<input type="checkbox"/> Change
.....	<input type="checkbox"/> Add
.....	<input type="checkbox"/> Remove
.....	<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

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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 JANUARY 5, 2024

Signature of a member or authorized representative of a member
Alexander J. Loucks
Typed or printed name of signee

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