

# L18000012635

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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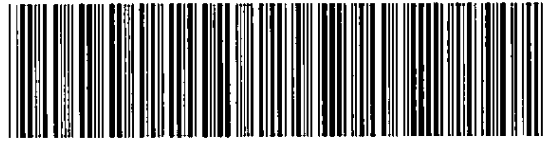
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ABLE Operations, 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:

Aaron Schmerbeck  
Name of Person  
ABLE Operations, LLC  
Firm/Company  
108 Avens Drive  
Address  
Nokomis, FL 34275  
City/State and Zip Code  
aaron@ableoperations.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Aaron Schmerbeck at 585 738-8342  
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 32304-6327

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
1000 N. G Street  
Tallahassee, FL 32304

FILED  
2023 MAR 30 PM 3:00  
CLERK OF STATE  
TALLAHASSEE, FL

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

ABLE Operations, 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 1/16/2018 and assigned  
Florida document number L18000012635.

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: Aaron Schmerbeck

New Registered Office Address: 108 Avens  
*Enter Florida street address*

Nokomis, Florida 34275  
*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 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>
AMBR	Aaron Joseph Schmerbeck	108 Avens Drive	<input type="checkbox"/> Add
		Nokomis, FL 34275	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Matthew Joseph Schwalb	5551 Primary Drive, 2430	<input checked="" type="checkbox"/> Add
		Durham, NC 27703	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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FILED  
JAN 30 2023  
CLERK OF DISTRICT COURT  
STATE OF FLORIDA

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**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.

Dated March 16 2023

Signature of a member or authorized representative of a member

Matthew Schwall

Typed or printed name of signee

[illegible]**Filing Fee: \$25.00**