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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

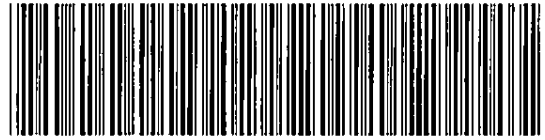
(Business Entity Name)

(Document Number)

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2025 MAR 24 PM 3:16  
SECRETARY OF  
TALLAHASSEE COUNTY

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AB Ghost, 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:

Addison B. Kasper  
\_\_\_\_\_  
Name of Person

AB Ghost, LLC  
\_\_\_\_\_  
Firm/Company

31 Venetian Way, Apt 1203  
\_\_\_\_\_  
Address

Miami Beach, FL 33139  
\_\_\_\_\_  
City/State and Zip Code

addison@abghost.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Addison B. Kasper  
\_\_\_\_\_  
Name of Person

561 654-7676  
at (\_\_\_\_\_) \_\_\_\_\_  
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |                                                        |                                                                        |                                                                                                  |                                                                                                                           |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee &<br>Certificate of Status<br>Certified Copy<br>(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 5, 2025

ADDISON B KASPER  
31 VENETIAN WAY APT 1203  
MIAMI BEACH, FL 33139

SUBJECT: AB GHOST LLC  
Ref. Number: L18000048703

We have received your document for AB GHOST LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

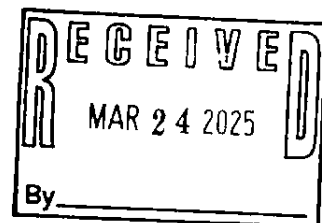
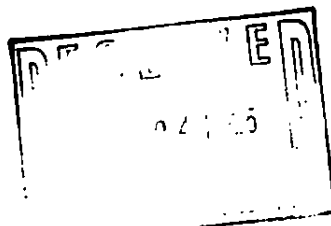
The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

SHANTELL BROWN  
Regulatory Specialist II

Letter Number: 525A00002460



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

AB Ghost, 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 02/23/2018 and assigned  
Florida document number L18000048703.

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)

31 Venetian Way

Apt. 1203

Miami Beach, FL 33139

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 = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>             | <u>Address</u>            | <u>Type of Action</u>                      |
|--------------|-------------------------|---------------------------|--------------------------------------------|
| AMBR         | AB Ghost Holdings, Inc. | 31 Venetian Way           | <input checked="" type="checkbox"/> Add    |
|              |                         | Apt. 1203                 | <input type="checkbox"/> Remove            |
|              |                         | Miami Beach, FL 33139     | <input type="checkbox"/> Change            |
| AMBR         | Addison B. Kasper       | 212 Pershing Way          | <input type="checkbox"/> Add               |
|              |                         | West Palm Beach, FL 33401 | <input checked="" 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"/> Add               |
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|              |                         |                           | <input type="checkbox"/> Add               |
|              |                         |                           | <input type="checkbox"/> Remove            |
|              |                         |                           | <input type="checkbox"/> Change            |

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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)

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.

Akosz

Typed or printed name of signee