

L18000252613

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

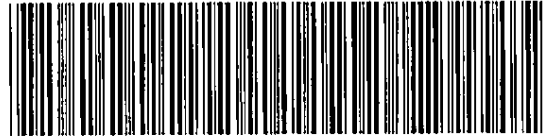
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

2023 AUG 28 PM 2:39

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Name Change

SEP 21 2023

D CUSHING

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: ALL ACTION BUSINESS SOLUTIONS, 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:

Loletha L. Saunders

Name of Person

All Action Business Solutions, LLC

Firm/Company

681 SE Hidden River Drive

Address

Port St Lucie, FL 34983

City/State and Zip Code

actionsatwork@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Loletha L. Saunders

Name of Person

at 772 361-5987

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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2023 AUG 28 PM 2:39

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 11, 2023

LOLETHA L SAUNDERS
ACTION BUSINESS SOLUTIONS, LLC
681 SE HIDDEN RIVER DRIVE
PORT ST LUCIE, FL 34983

RECEIVED
AUG 28 2023

SUBJECT: ACTION BUSINESS SOLUTIONS, LLC
Ref. Number: L18000252613

We have received your document for ACTION BUSINESS SOLUTIONS, 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):

Enclosed is an application for refund. The name and address provided on the application is who the refund will be made payable to. When the recipient of the refund is a business entity the Federal Employer Identification Number (FEIN) is required. If an individual is the recipient their social security number (SS No) is required.

The refund cannot be processed without this information.

The requestor will need to date and sign the application.

Please return the application and allow 30 to 60 days for the refund to be processed.

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.

Diane Cushing
Operations Manager A

Letter Number: 623A00018354

Please Apply the refund amount to
a new amendment filing of Action Business
Solutions LLC to ~~ALL~~ Action Brands LLC,
here enclosed.
Thank You

Loletha Saunders
08/23/2023

www.sunbiz.org

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

ACTION BUSINESS SOLUTIONS 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 10/26/2018 and assigned
Florida document number L18000252613.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

ALL ACTION BRANDS, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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

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

[illegible]

(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.

08/23/2023

Typed or printed name of signor

Typed or printed name of signee