## L18000 287406

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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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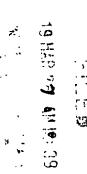
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## **COVER LETTER**

Division of C	orporations		•
	sign Group, LLC		
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	pondence concerning this matter	to the following:	
	James Cantwell		
		Name of Person	
	A.B. Design Group, LLC		
		Firm/Company	
	1441 N Ronald Reagan Bl	ivd	
	<del></del>	Address	
	Longwood, FL 32750		
		City/State and Zip Code	
	jimc@abdesigngroup.com		<i>'</i>
	E-mail address: (	to be used for future annual report notif	ication)
For further information	concerning this matter, please c	all:	
James Cantwell		407 774-6078 at ()	
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)
21.41	LINC ADDRESS	STREET/COURT	FR ADDRESS:

MAILING ADDRESS:

TO:

Registration Section

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

A.B. Design Group, LLC	Life. Comments	
(Name of the Limited Lia (A Flo	bility Company as it now appears on our rida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Florida document number L18000287406	y Company were filed on 12/17/201	8 and assigned
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the l	imited liability company here:	
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	<del></del> _
		<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		* (A)
B. If amending the registered agent and/or re	victoral office address on our r	9
registered agent and/or the new registered office a	C.	ecords, enter the name of the nex
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	t address
	Enter Piorida siree	i tutu ess
	City	, Florida
None Design and Associate Property of about air and Design Control of the Control	•	esp som

## 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 a Arending 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>	Address	Type of Action
AMBR	James J Cantwell, Jr	1441 N Ronald Reagan Blvd	□ Add
		Longwood, FL 32750	
			□ Remove
AMBR	Ross Perdue	1441 N Ronald Reagan Blvd	□ Add
		Longwood, FL 32750	
			□ Remove
			☐ Change
AMBR	James Telesz	1441 N Ronald Reagan Blvd	_□ Add
		Longwood, FL 32750	
			□ Remove
			☐ Change
MGR	Michael C Anderson	1441 N Ronald Reagan Blvd	_□ Add
		Longwood, FL 32750	
			□ Remove
		<del></del>	⊟ Change
MGR	Roland Abouchaera	1441 N Ronald Reagan Blvd	□ Add
		Longwood, FL 32750	
			Remove
			☐ Change
			□ Remove
			□ Change

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If an effective da Note: If the c	e, if other than the ite is listed, the date mu ate inserted in this bl fective date on the D	st be specific an lock does not i	d cannot be pri meet the appl	ior to date of filing licable statutory	g or more than 90 r filing requirer	(optional) days after filing ments, this date	.) Pursuant to 605.0	0207 ( d as t
	pecifies a delayed day after the rec			ot an effecti	ive time, at	12:01 a.m.	on the earlier	r of:
Dated	MARGI	<u> </u>	2019	<u>9</u> .				
		//						
		Signature di d	1/1	thorized represen				

Page 3 of 3

Filing Fee: \$25.00