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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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2020 MAY 21 AM 9: 22
SECREPARY OF

Office Use Only



COVER LETTER

ABM Reals	y Group, LLC		
Sobster.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Brian Maloney		
		Name of Person	
		Firm/Company	
	2103 Cestius Rd		
		Address	
	Winter Garden, Florida 34	787	
		City/State and Zip Code	
	brian12174@gmail.com		
	E-mail address: (to be used for future annual report notif	fication)
For further information c	oncerning this matter, please ca	all:	
Brian Maloney		407 409-0011 at ()	
Name o	f Person	at () Area Code Daytimo	e Telephone Number
Enclosed is a check for the	ne 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 Addres	<u>s:</u>	Street Address:	

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Registration Section Division of Corporations

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

ABM Realty Group, LLC

2020 MAY 21 AM 9: 22

(A Flori	illity Company as it now appears on our recide Limited Liability Company) Al	LAMASSEE. FL
The Articles of Organization for this Limited Liability	Company were filed on May 6th, 2020	and assigned
Florida document number L2000122647	 -	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
Brian Maloney, LLC		
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "L	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	ORESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here Name of New Registered Agent:		er the name of the new register
New Registered Office Address:		
	Enter Florida street add	tress
	·	Florida
	. 1.	
New Registered Agent's Signature, if changing Register	City	Zip Code

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>	Name	Address	Type of Action
			□Add
			□Remove
			Change
			
			□Remove
			Change
			□Remove
		 	☐ Change
			🗀 Add
			□Remove
			Change
			□Add
			□Remove
			☐ Change
			□Add
		□Remove	
			□Change

If amending	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effective of Note: If the	date, if other than the date of filing:
he record spec ord is filed.	rifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated May I	18th 2020
	Din
	Signature of a member or authorized representative of a member
В	rian Maloney
	Typed or printed name of signee

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Filing Fee: \$25.00