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SECREDARY OF STATE
TAN LAHASSEE, FL

## **COVER LETTER**

(additional copy is enclosed) Certified Copy	TO: Registration Section Division of Corporations				
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:  Brandon Plunkett  Name of Person  ABM Auto Services, LLC  Firm/Company  516 Northwood Rd, Unit 8721  Address  West Palm Beach, FL 35407  City/State and Zip Code brandonplunkett28@gmail.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Brandon Plunkett  973 332-2464  at (	CUBIEC	rar			
Please return all correspondence concerning this matter to the following:    Brandon Plunkett	SUBJEC	1:			
Brandon Plunkett  Name of Person  ABM Auto Services, 1.L.C  Firm/Company  516 Northwood Rd, Unit 8721  Address  West Palm Beach, FL 3\$407  City/State and Zip Code brandonplunkett28@gmail.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Brandon Plunkett  Name of Person  The please call:  Brandon Plunkett  State Code  Daytime Telephone Number  Enclosed is a check for the following amount:  State Code  State Certified Copy (additional copy is enclosed)  Certificate of Status & Certified Copy (additional copy is enclosed)  Certificate Copy (additional copy is enclosed)	. The enclo	osed Articles	of Amendment and fee(s) are subr	nitted for filing.	
Name of Person  ABM Auto Services, I.LC  Firm/Company  516 Northwood Rd, Unit 8721  Address  West Palm Beach, FL 35407  City/State and Zip Code brandonplunkett28@gmail.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Brandon Plunkett  973 332-2464  at (	Please ret	turn all corres	pondence concerning this matter t	to the following:	
ABM Auto Services, LLC    Firm/Company			Brandon Plunkett		
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Brandon Plunkett    973   332-2464     at (			E-mail address: (t	o be used for future annual report not	lification)
at (	For further	er information	concerning this matter, please ca	<b>II</b> :	
Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  □ \$25.00 Filing Fee  Certificate of Status  Certified Copy  (additional copy is enclosed)  Certified Copy  Certified Copy	Brandon I	Plunkett			
□ \$25.00 Filing Fee  □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee,  Certificate of Status		Name	e of Person		ne Telephone Number
Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy	Enclosed	is a check for	the following amount:		
	□ \$25.0	00 Filing Fee		Certified Copy	Certificate of Status &
Mailing Address:  Registration Section  Street Address:  Registration Section					ection
Division of Corporations Division of Corporations			Division of Co	Division of Corporations	
P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810					

Tallahassee, FL 32303

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

(Name of the Limited Liability Company as it now appears on our records);

FILED

ABM Auto Services, LLC

2022 MAY 31 PM 12: 02

. (A Florida Lim	ited Liability Company)	TALL AHASSEE, FL
The Articles of Organization for this Limited Liability Comp Florida document number 1.21000300068	pany were filed on	-
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 I	iability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
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 here:	ice address on our records	, <u>enter the name of the new registe</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	et address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:	

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>	Address	Type of Action
AMBR	Brandon K. Plunkett	1192 Canyon Way, Wellington, FL 33414	
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	5/26/22	
(If an e Note:	tive date, if other than the date of filing:	0207 (3) d as the
the reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after ited.	the
Deta	May 26 2022	
Dated		
	Signature of a member or authorized representative of a member	