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(Re	questor's Name)	
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## **COVER LETTER**

TO: Registration Section

Division of Cor	porations			
ABCE, LLC	C		•	
SUBJECT:	Name of Lin	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Adam Klauber, Esquire			, ;
		Name of Person		ι
	Klauber Goldman, P.A.			
		Firm/Company		
	8751 West Broward Blvd,	Suite 410		-
	<del></del>	Address		
	Plantation, Florida 33324			
		City/State and Zip Code		
	aklauber@klaubergoldman F-mail address: (	.com to be used for future annual report no	gification)	
For further information c	oncerning this matter, please c		,	
Adam Klauber		954 424-9666		
Name of Person			me Telephone Number	<del></del>
Name o	r erson	Alea Coue Dayu	me retephone vannoer	
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &
Mailing Addres		Street Address:	ection	
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 632	.7 ·	The Centre of	Tallahassee	
Tallahassee.	FL 32314	2415 N. Monr	oe Street, Suite 810	0

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ABCE, LLC			
(Name of the Lim	ited Liability Company (A Florida Limited Liab	as it now appears on our oility Company)	records.)
The Articles of Organization for this Limited I		ere filed on 09/20/2021	and assigned
lorida document number 1.21000414474	·		
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited li <u>abilit</u>	v company here:	
he 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 appli	icable:		
Principal office address MUST BE A STRE	ET ADDRESS)		·
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	= E <i>BOX</i> )		
	_	,	
	<u></u>		
3. If amending the registered agent and/or	.,	dress on our records.	enter the name of the new regist
gent and/or the new registered office addr	ess here:		
Name of New Registered Agent:	KLAUBER GOLE	OMAN, P.A.	
	8751 West Browar	rd Blyd. Suite 410	
New Registered Office Address:	2721 11 221 210 410	Enter Florida street	address
	Plantation		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

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
			□Remove
			□ Change
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ote: If the date inse	her than the date of ed, the date must be speci crted in this block does date on the Departmen	s not meet the app	plicable stati	filing or more the	(optio an 90 days after uirements, this	nal) filing.) Pursuant to date will not be	605.020' listed as
record specifies a del lis filed.	clayed effective date, b	ut not an effectiv	e time, at 11	2:01 a.m. on th	e earlier of: (b)	The 90th day	ilter the
ated	20	. 2022	<del> </del>				
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Filing Fee: \$25.00