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SB 7/15/2025

COVER LETTER

Division of Cor	•			\$	
SUBJECT: ABC PROF	PERTY ALLIANCE LLC.			_	
	Name of Limit	ed Liability Company			
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.			
Please return all correspo	ondence concerning this matter to	o the following:			
	ROBERT RUIZ III				
		Name of Person			
	ABC PROPERTY ALLIAN	ICE LLC.			
		Firm/Company			
	7780 NW 40TH ST			2021 S.E.	
		Address		CREE OF THE STATE	
	HOLLYWOOD FL 33024			18. TAS	
		City/State and Zip Code	•	2025 HAY 16 AM III: 1/2 SECRETARY SCIENCE	
	ABCPROPERTYALLIANC	E@GMAIL.COM be used for future annual report not	!Gastinal		
For further information c	oncerning this matter, please cal	·	meation	7 12	
ROBERT RUIZ III	· · · · · · · · · · · · · · · · · · ·	305 898-2343			
	f Person	at ()	ne Telephone Numb		
Enclosed is a check for the	ra fallancina amount				
■ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)		Filing Fee, cate of Status & cd Copy	
		(======================================		nal copy is enclosed)	
Mailing Addres Registration S		Street Address: Registration Se	ection		
Division of C		Division of Co			
P.O. Box 632 Tallahassee, I			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ABC PROPERTY ALLIANCE LLC.			
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number 1.22000080712	y were filed on MARCH 5, 2025	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or the abbr	eviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:	SECRE TAL	2025 HA	
(Mailing address MAY BE A POST OFFICE BOX)			
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	$m_{\mathcal{O}}$	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name		
Name of New Registered Agent:			
New Registered Office Address:		<u> </u>	
	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 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>	<u>Address</u>	Type of Action
MGR	ROBERT RUIZ JR	2210 SCOTT ST HOLLYWOOD FL 33020	Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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		Signature of a member or	authorized representati	ve of a member	
ROBERT RUIZ III	0.0000000000000000000000000000000000000				
600 1 1 1 1 1 P 7		Turned or	printed name of signer	i	

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