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To: Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AB ENTERPRISES FLA LLC

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LEB 73 505GlaH

2023

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AB Enterprises Fla LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records.) Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Company Florida document number L22000486869	were filed on <u>01/01/23</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:	3818 SE 1st Place	
(Principal office address MUST BE A STREET ADDRESS)	Cape Coral, FL 33904	
Enter new mailing address, if applicable:	N/A	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, enter the name	of the new registere
		222
New Registered Office Address:	Enter Florida street address	
	. Florida	. ?
	Cny Fiorida 100	- 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>	Name	Address	Type of Action
MGR	BILES, WAYNE D	3818 SE 1st Place	□Add
		Cape Coral, FL 33904	□Remove
			🗹 Change
			□Add
			□Remove
			🗀 Add
			Remove
			Change
			🗆 Add
			□Remove
			Change
			□Add
			□Remove
			DChange
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) (optional) E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.  $_{\rm Dated}$   $\underline{01/30}$ Signature of a member or authorized representative of a member Nat Smith Typed or printed name of signee

Filing Fee: \$25.00