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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Divis	ion of Corp	orations			
SUBJECT: _	ABG	FINANCIA Name of Lim	SERVICES ited Liability Company	<u>u.</u> (
The enclosed	Articles of A	mendment and fee(s) are sub-	mitted for filing		
			-		
Please return a	all correspon	dence concerning this matter	to the following:		
		Mich	Name of Person	V(Z	
			Firm/Company		·
		14140 Nu	V STh Place Address	CE	
		Nurth SAIS DI E-mail address: (1	MIHMI F City/State and Zip Code 456, ASFL to be ased for future annua	1. 331 Com d report notificati	(-8)
For further inf	ormation co	ncerning this matter, please ca			
	Name of I	'erson	at () Area Code	Daytime Tel	lephone Number
Enclosed is a c	check for the	following amount:			
⊠ \$ 25.00 Fi	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is or		\$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ine Address:			Address:	
_	istration Se		_	ration Sectio	
	sion of Co Box 6327	-		on of Corpor entre of Talla	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ABG FINANCIAL	Struices	LLC.	
(Name of the Limited)	Liability Company as it no Florida Limited Liability Co	w appears on our records.) ompany)	2: 1; L
The Articles of Organization for this Limited Liabi		d on 9/28/20	23 and assigned
This amendment is submitted to amend the following	ing:		
A. If amending name, enter the new name of th	e limited liability com	pany here:	
The new name must be distinguishable and contain the word Enter new principal offices address, if applicable	, ,	ny," the designation "LLC" o	or the abbreviation "L.L.C."
(Principal office address MUST BE A STREET A	ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO)	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered office address had not been something. Name of New Registered Agent: New Registered Office Address:		эп our records, <u>enter th</u>	e name of the new registered
New Registered Office Address:		Enter Florida street address	
_		, Flori	da
	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>	Name	<u>Address</u>	Type of Action
MGR	Michael Muniz	14140 NW 5th Place	🗹 Add
		N. MIAM: F1. 33168	□Remove
			□Change
AMBIL	MICHAEL MUMZ	14140 NW STL PLACE	DAdd
		N., miumi Pl. 33168	□Remove
			□Change
			🗀 Add
		· · · · · · · · · · · · · · · · · · ·	□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□ Add
			□Remove
			□ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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ım eff <u>ote:</u>	ive date, if other than the date of filing:
recor	d 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
ated	10/02! , 2023. M
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member / MICHAE MUNIZ
	10/1/2/2016 1/11/1/2016