L24 000 022 865

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration So Division of Cor				
айрна в	ETA OMEGA ENTERPRISES	S LLC +		
SUBJECT:	Name of Lin	rited 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:		
	ÂNDREW L FRANCISC	0;		
		Name of Person		
	ALPHA BETA OMEGA	ENTERPRISES LLC		
		Firm/Company		
	12574 FLAGLER CENT	ER BLVD SUITE 101		
	-	Address		
	JACKSONVILLE, FL 32.	258		
		City/State and Zip Code		
	almfrancisco@aboenterpris			
For further information c	n-mail address: i oncerning this matter, please c	tto be used for future annual report notit all:	(callon)	
ANDREW L FRANCIS	col	[904] (484-8617)		
Name o	TPerson	at ()	: Telephone Number	
Enclosed is a check for the	ne following amount:			
□ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status		S60.00 Filing-Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
<u>Mailing Addres</u> Registration :		<u>Street Address:</u> Registration Sec	tion	
Division of Corporations		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

ALPHA BETA OMEGA ENTERP			
(Name of the Limit	ed Liability Compa (A Florida Uimited	any as it now appears on our records.) Eighility Company)	
The Articles of Organization for this Limited Li	ability Company	were filed on January 10, 2024	and assigned
Florida document number L24000022865	,		
This amendment is submitted to amend the follo	wing:		
A. If amending name, <u>enter the new name of</u>	the limited liab	pility company here:	24 J
The new name must be distinguishable and contain the w	ords "Limited Liabi	ility Company," the designation "LLC" or th	e abbreviationC.Fr
Enter new principal offices address, if applic	able:.	12574 FLAGLER CENTER BLVD	suite in a line
Principal office address MUST BE A STREE	T ADDRESS)	JACKSONVILLE, FL 32258	<u> </u>
			<u> </u>
			55 3
Enter new mailing address, if applicable:		12574 FLAGLER CENTER BLVD	SUITE 1017
Mailing address MAY BE A POST OFFICE	BOX)	JACKSONVILLE, FL 32258 }	
B. If amending the registered agent and/or r agent and/or the new registered office addres	s here:		ame of the new regist
Name of New Registered Agent:	ANDREW L I	RANCISCO	
New Registered Office Address?	[12574 FLAGI	LER CENTER BLVD SUITE 1017	
		Enter Florida street address	
	JACKSONVII	, rioriua	32258 /
		City	Lip 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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
CEO / MGR	ANDREW I. FRANCISCO	49 THORNTON CT	□ Add
		ST. AUGUSTINE, FLORIDA 32092	
			Change
CAMBR)	ROSANNA L FRANCISCO	49 THORNTON CT	□Add
		ST. AUGUSTINE, FLORIDA 32092	□Remove
AMBR/	AYDAN N FRANCISCO	49 THORNTON CT	
		ST_AUGUSTINE, FLORIDA 32092	🗆 Remove
			UAdd
			☐Change
			
			🗀 Remove
			□Change
			□Add
			□Remove
			UlChanna

Effective date, if other than the date of filing: April 1, 2024					
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Ad MA	•	e date, but not an effective t	ime, at 12:01 a.m. on t	he earlier of (b). The 90	Jih day after th
	nted JUNE 5	2024			
Signature of a member or authorized representative of a member	1011	Signature of a member or auth	orized representative of	a member	
	ANDREW L FRANCI	SCO			

Filing Fee: \$25.00