

L24000156145

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

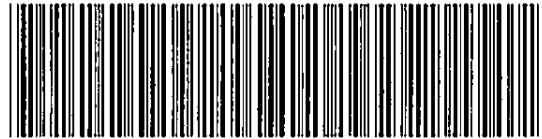
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
04/30/24

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 108 LEE GROUP LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ATILLIO P. CERQUEIRA

Name of Person

AB FUNDING LLC

Firm/Company

95 NORTH ROSCOE BLVD

Address

PONTE VEDRA BEACH, FL 32082

City/State and Zip Code

ac@cquest.rent

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ATILLIO P. CERQUEIRA

904

334-2983

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RECEIVED
TALLAHASSEE, FL
JUN 10 2003 AM 7:19

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

108 LEE GROUP LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 04/05/2024 and assigned
Florida document number L24000156145

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

AB FUNDING LLC

The 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 applicable:

(Principal office address MUST BE A STREET ADDRESS)

95 N Roscoe Blvd
Ponte Vedra Bch FL
32082

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

95 N Roscoe Blvd
Ponte Vedra Bch FL
32082

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Attilio P Carqueina

New Registered Office Address:

95 N Roscoe Blvd

Enter Florida street address

Ponte Vedra Beach, Florida 32082

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.

Attilio P Carqueina
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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

NOTED
JUL 11 10 30 AM '20
STATE OF FLORIDA
TALLAHASSEE, FL

20100710 AM 7:20
OFFICE STATE
UNIVERSITY, FL

OFFICE OF THE
ATTORNEY GENERAL
TALLAHASSEE, FL

(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.

Dated APRIL 29 2024

Stefano J. Argueme
Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00