124000199769

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
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COVER LETTER

TO:

Registration Section

Division of Co	orporations			
ABMD E	nterprise LLC			
SUBJECT:	Name of Lin	nited Liability Company	Daytime Telephone Number S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
	Name of Limited Liability Company and Articles of Amendment and fee(s) are submitted for filing. an all correspondence concerning this matter to the following: ELLEN THUANE L SANCHES DE ARAUJO			
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	ELLEN THUANE I. SAN	NCHES DE ARAUJO		
		Name of Person		
	ABMD ENTERPRISE LL	C		
		Firm/Company		
	5420 DURANGO AVE			
		Address		
	SARASOTA, FL 34235		~3	
		City/State and Zip Code		
			-275	
For further information			инсанопу	
YANI DA SILVA				
Name	of Person	Area Code Dayti	me Telephone Number	
Enclosed is a check for	the following amount:			
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy	
Mailing Addre Registration		Street Address: Registration S	ection	
Division of Corporations		Division of Corporations		
P.O. Box 63		The Centre of		
Tallahassee,	FL 32314	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ABMD ENTERPRISE LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our record ited Liability Company)	<u>is.</u>)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L24000199769</u>	pany were filed on <u>04/29/2024</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited in	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	<u>S)</u>	
		1
C. A		•
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our records, <u>enter</u>	the name of the new registe
agent and/or the new registered office address here.		-
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	x
<u></u>		orida Zip Code
	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>	Address	Type of Action
MGR	WEMERSON V REZENDE	5420 DURANGO AVE	≣ Add
		SARASOTA, FL 34235	
			Change
			DAdd
			□Remove
			Change
			□Remove
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ffective date, if other than the an effective date is listed, the date must	t be specific and cannot be price	or to date of filing or r	(option nore than 90 days after fi	ling.) Pursuant to 605.0207
ocument's effective date on the De			ng requirements, this c	late will not be listed as
record specifies a delayed effective is filed.	e date, but not an effective	time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
ated September 30th	. 2024			
Ellen-	Thone L Sanc Signature of a member or auth	hes de c	varo Mg	2
20	Tigrature of a memoer of auti	nonzea represendativ	cora member	

Filing Fee: \$25.00