Divisio lorga Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)222-1092

Phone Fax Number

: (850)878-5368

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:				

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ABLA GROUP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

COVER LETTER

ro:	Registration Division of	Section Corporations			·		
SUBJ	ECT:			A Group, LLC Limited Liability Comp	any		
Dear S	Sir or Madam:		•		•		
The er	relosed applic	ation, certificate and fee((e) an	s submitted for filing			
	•			_			
-16836	return att cor.	respondence concerning	IDIS F	natter to the following:			
		Frank J. Gilbert					
		Name of Person					
		Schwartz & Cera LLP					
		Firm/Company		 	·		
	44 %	fontgomery Street, Suite 38;	sn.				
	IT	Address		'			
		San Francisco, CA 94104 City/State and Zip Co	ode				
E-m	nail address: (t	frank@schwartz-cera.co		port notification)			
For fu		ion concerning this matt					
		nk J. Gilbert	a	1 (956-2600		
	Nam	ne of Person		Area Code & Daytim	e Telephone Number		
	STREET/C	OURIER ADDRESS:		MAIL	ing address:		
Registration Section				Registration Section			
Division of Corporations				Division of Corporations			
Clifton Building				P.O. Box 6327			
2661 Executive Center Circle Tallahassee, Florida 32301				Tallaha	ssee, Florida 32314		
	1 21141 Idb366;	TINEAS TOTAL					
Enclo	sed is a check	k for the following amo	unt:				
	5 Filing Fee	\$30 Filing Fee & Certificate of Stat		S55 Filing Fee & Certified Copy	S60 Filing Fee, Certificate of Status & Certified Copy		

TO:

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-3 must be completed)

1.	Name of limited liability company as it appears on the records of the Florida Department of State: ABLA Group, LLC		
2.	Jurisdiction of its organization: Delaware		
3.	Date authorized to do business in Florida: November 2, 2010		
	. SECTION II (4-7 complete only the applicable changes)		
	If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization?		
5.	New name of the limited liability company: (must end with "Limited Liability Company," "L.L.C.," or "L.L.C.," or "L.L.C.,"		
Flo	name unavailable, enter alternate name adopted for the purpose of transacting business in orida and attach a copy of the written consent of the managers or managing members adopting alternate name. The alternate name must end with "Limited Liability Company," "L.L.C." "LLC.")		
б.	If the amendment changes the period of duration, indicate new period of duration:		
7.	If the amendment changes the jurisdiction of organization, indicate new jurisdiction:		
8,	If the amendment corrects any false statement, indicate the statement being corrected and the correction: Section 5 states the Street Address as 5 Eustis Road, Marblehead, MA 01945, which should be	e	
co	rrected to 600 Missouri Ave., N, Largo, FL 33770.		
9.	Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisd under the law of which this entity is organized.	iction	
	Signature of a member of the authorized representative of a member	330	7
	Signature of a member of the authorized representative of a member Frank I. Gilbert Typed or printed name of signee	5	-
	Typed or printed name of signee	A	m
	Filing Fee: \$25.00	₹	
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