

06/14/2018

08:47 AM PDT

TO: 18506176383 FROM: 5618831252

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M14000001962

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : BRUCE J. O'DONNELL, CPA, P.A.
Account Number : I20000000084
Phone : (561)883-1210
Fax Number : (561)883-1252

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

Email Address: bod@cpa pfs. net

REC'D

2018 JUN 14 AM 11:54

RECEIVED
DIVISION OF CORPORATIONS
TELEPHONE

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
AMERICAN BUSINESS TECH GROUP LLC

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$60.00

J. LEGGETT
JUN 14 2018

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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: AMERICAN BUSINESS TECH GROUP, LLC

Enter new principal office address, if applicable: 21301 POWERLINE ROAD, STE 102

(Principal office address)
MUST BE A STREET ADDRESS

BOCA RATON, FL 33433

Enter new mailing address, if applicable:

(Mailing address)
MAY BE A POST OFFICE BOX

2. The Florida document number of this limited liability company is: M14000001962

3. Jurisdiction of its organization: PUERTO RICO

4. Date authorized to do business in Florida: 03/24/2014

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer 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: CESAR GUZMAN

New Registered Office Address: 11242 ROUNDELAY ROAD

Enter Florida Street Address

COOPER CITY

City

Florida 33026

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 603, 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

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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>AP</u>	<u>RUBEN A. GARCIA</u>	<u>1518 SE 2ND ST</u>	<input checked="" type="checkbox"/> Add
		<u>FT LAUDERDALE, FL 33301</u>	<input type="checkbox"/> Remove
<u>AP</u>	<u>CESAR GUZMAN</u>	<u>11242 ROUNDELAY ROAD</u>	<input checked="" type="checkbox"/> Add
		<u>COOPER CITY, FL 33026</u>	<input type="checkbox"/> Remove
<u>AP</u>	<u>RUBEN A. GARCIA, JR</u>	<u>501 SOUTHEAST 2ND ST, APT 643</u>	<input checked="" type="checkbox"/> Add
		<u>FT LAUDERDALE, FL 33301</u>	<input type="checkbox"/> Remove
<u>AP</u>	<u>ISANDER NIEVES</u>	<u>12717 WEST SUNRISE BLVD, STE 373</u>	<input type="checkbox"/> Add
		<u>SUNRISE, FL 33323</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required; no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Cesar T Guzman

Signature of the authorized representative

CESAR T GUZMAN

Typed or printed name of signer

Filing Fee: \$25.00

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