

1/8/24 11:11 PM

Division of Corporations

L 18000008107  
H240000114703

Florida 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 : COUCELO ASSOCIATES, INC.  
Account Number : I20120000069  
Phone : (561)683-3000  
Fax Number : (561)965-0938

2024 JAN 10 PM 3:52  
STATE OF FLORIDA  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

FILED

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

Email Address: legacytaxcorps@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
ABC INNOVATIVE CONCEPTS LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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K. SALY

JAN 10 2024

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COVER LETTER

H/240000114703

TO: Registration Section  
Division of Corporations

SUBJECT: ABC INNOVATIVE CONCEPTS 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:

ARNALDO J COUCELO  
Name of Person  
COUCELO ASSOCIATES, INC  
Firm/Company  
1818 S AUSTRALIAN AVE SUITE 230  
Address  
WEST PALM BEACH, FL 33409  
City/State and Zip Code  
LEGACYTAXCORPS@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ARNALDO J COUCELO  
Name of Person  
561 683-3000  
at ( )  
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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

11240000114703

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ABC INNOVATIVE CONCEPTS 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 01/09/2018

Florida document number L1800008107

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 Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1269 Piazza Antinori

(Principal office address MUST BE A STREET ADDRESS)

Boynton Beach, FL 33426

Enter new mailing address, if applicable:

1269 Piazza Antinori

(Mailing address MAY BE A POST OFFICE BOX)

Boynton Beach, FL 33426

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:

New Registered Office Address:

Enter Florida street address

Florida

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 Changing Registered Agent, Signature of New Registered Agent

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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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
.....	.....	.....	<input type="checkbox"/> Add
.....	.....	.....	<input type="checkbox"/> Remove
.....	.....	.....	<input type="checkbox"/> Change
.....	.....	.....	<input type="checkbox"/> Add
.....	.....	.....	<input type="checkbox"/> Remove
.....	.....	.....	<input type="checkbox"/> Change
.....	.....	.....	<input type="checkbox"/> Add
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.....	.....	.....	<input type="checkbox"/> Change
.....	.....	.....	<input type="checkbox"/> Add
.....	.....	.....	<input type="checkbox"/> Remove
.....	.....	.....	<input type="checkbox"/> Change

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 CLERK OF SUPERIOR COURT  
 KILPATRICK ASSOCIATES, P.C.

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated JANUARY 5, 2024

\_\_\_\_\_  
Signature of a member or authorized representative of a member

Alexis J. Loucks  
\_\_\_\_\_  
Typed or printed name of signee

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