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COVER LETTER

io:	Registration Sec Division of Corp			
			AB WRAPS LLC	
SUBJE	.CT:	Name of Linu	ted Liability Company	
The end	closed Ameles of .	Amendment and feefs) are sub-	nitted for filing.	
Please	return all correspor	ndence concerning this matter	to the following:	
		DANN	Y VINCENZO MONTICELLI	
			Name of Person	
			Firm Company	*****
			7943 NW 64th ST	
			Address	
			Miami FL 33166	
			City/State and Zip Code sales@xclusivewraps.us	
		E-mail address (to be used for future annual report no	tification)
For fur	ther information co	oncerning this matter, please c	ail:	
DANN	Y VINCENZO M	ONTICELLI	786 2479058	
	Name of	Person	Arra Code Daytii	ne Telephone Number
Enclos	ed is a check for th	ic following amount:		
≅ 52	5 Off Filing Fee	17- VM 00 Filing Fee & Certificate of Status	(additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration 5 Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration S Division of Co The Centre of 2415 N. Monr Tallahussee, F	orporations Tallahassee oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AB WRAPS LLC

(Name of the Lim	(A Florida Limited Liability Company)	DE DUF FOCOLOS.)	
The Articles of Organization for this Limited b Florida document number 1.22000103929	· · · · · · · · · · · · · · · · · · ·	02/28/2022	and assigned
This amendment is submitted to amend the fol			
A. If amending name, enter the new name	of the limited liability company her	<u>ге</u> :	
The new name must be distinguishable and contain the	words "Limited Liability Company," the de-	signation 'LLC' or the abb	reviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	E BOXI		
B. If amending the registered agent and/or agent and/or the new registered office addre		cords, <u>enter the name</u>	of the new register
Name of New Registered Agent:	DANNY VINCENZO MONTICEI	1.1.1	
New Registered Office Address:	7943 NW 64th ST		
	Enter Flora	da street address	
	MIAMI	, Florida 331	
	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

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
AMBR	LUIS C AGUSTINI	7943 NW 64th ST MIAMI FL 33166	E3Add
			■Remove
			EChange
			□Adð
			[Change
			1 : Add
			CIRemose
			CChange
			
			□Remove
			[Clause
			□Remove
			C(hange
			CAdd

______ ZIRemove

, , , , , , , , , , , , , , , , , , ,	information, enter change(s) here: (Attach additional sheets, if necessary.)
· *** *** *** *** *** *** *** *** *** *	

It an effective date is listed, the Note: If the date inserted	than the date of filing:
e record specifies a delayer rd is filed	d effective date, but not an effective time, at 12:01 a.m. on the earlier of; (b). The 90th day after the
DatedDecember 22	. 2023
	Sty L
	Signature of a member or authorized representative of a member
	DANNY VINCENZO MONTICELLI
	Typed or printed name of signee

D.

Filing Fee: \$25.00