116000002346

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000305218350

11/06/17--01025--001 **25.00

2017 NOV -6 PM 3 21
3EGRETARY OF STATE
TALL AHASSEE, FLORIDA

K. SALY NOV - 7 2017

COVER LETTER

	istration Sec sion of Corp			
SUBJECT.		Name of Limite	ed Liability Company	
Please return	all correspor	idence concerning this matter to	o the following:	
		Tim Morgan		
	Abaco Homes LLC Name of Limited Liability Company			
Tim Morgan Same 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: Tim Morgan Name of Person Abaco Homes LLC Firm/Company 3513 Exeter Court Address Orlando, FL 32812 City/State and Zip Code casteoastpilot@hotmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Tim Morgan Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy Certificate of Status Certified Copy Certificate of Status Certified Copy Certified Copy				
			Firm/Company	
		3513 Exeter Court		
			Address	
		Orlando, FL 32812		
			•	
		E-mail address: (to	o be used for future annual report not	ification)
For further in	nformation co	oncerning this matter, please ca	II:	
Tim Morgan				
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is	a check for th	ne following amount:		
■ \$25,00 F	Filing Fee		Certified Copy	Certificate of Status & Certified Copy

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ZOIT NOV-6 PH 3 21

SEGRETARY OF STATE

ALLAHASSEE, FLORIDA

Abaco Homes LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Flor	ida Limited Liability Company)	LORIDA
The Articles of Organization for this Limited Liability Florida document number 1.16000062346		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the li</u>	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited 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 ADI	ORESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or reg		antar the name of the
registered agent and/or the new registered office ac		enter the name of the i
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Flor	rida
	·	Zip Code
New Registered Agent's Signature, if changing Registe	red 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:

$MGR = -\Lambda$, , , ,	
AMBR = 7 <u>Title</u>	Authorized Member <u>Name</u>	2017 NOV -6	PH 3 2 Type of Action
MGR	Timothy Storey	4118 Firewater Court IALLAHASSE	OF STATE E. FLORIDA Add
		Orlando, F1. 32829	■ Remove
			Change
			Remove
			Change
			Add
		O }	☐ Remove
			Change
 			
			Remove
			Change
			Add
			□ Remove
			Change
	·		□ Add
			□ Remove
			☐ Change

	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	
	_	· · · · · · · · · · · · · · · · · · ·	·	
	-			
				
			₩.	13
				52
				5
				3 3
				الان الان
	10/20/2017		O X i	温之
fective date, if other than th	ne date of filing:	to date of filing or more than	(optional)	57 120 to 605 0
ote: If the date inserted in this l	block does not meet the applica Department of State's records.	able statutory filing requir	ements, this date will r	not be listed
cument serieure tate on the	Department of State 8 records.			
	ed effective date, but not	an effective time, a	t 12:01 a.m. on t!	he earlier
Γhe 90th day after the re	cord is filed.			
11/3	. 2017			
	Signature of a member or autho	·		
1				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00