# L17000018248

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2017 APR 14 PN 3: 35
SECRETARY OF STATE

K. SALY APR 17 2017

### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: AMEND NAME FROM KIFE-E LIFE LIC TO ABEK GLOBAL Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
EKINADESE AGHEDO  Name of Person  ABEK GLOBAL LLC  Firm/Company
15400 SW 74PH CIR CT, 102 Address
miam / fc / 83193  City/State and Zip Code
City/State and Zip Code  CKi Babek global · com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
EKINADESE AGHEDO at (786) 473 8391  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:    \$\Begin{array}{cccccccccccccccccccccccccccccccccccc

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Certificate of Status

Tallahassee, FL 32314

#### STREET/COURIER ADDRESS:

Certificate of Status &

Certified Copy (additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	FILED
TO A	R 11.
SECRE	TARY OF STATE
<del>s.) - пдд</del>	SSEE, FISTATE

(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 January 23, 20/and assigned Florida document number <u>L17000018248</u>

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the	<u>e limited liabil</u>	ity company	here:		
ABEK GLOBAL LL					
The new name must be distinguishable and contain the words	"Limited Liabilit	y Company," th	ie designa	tion "LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applicable	e:	SAME	AS	BEFORE	
(Principal office address MUST BE A STREET A	(DDRESS)				
Enter new mailing address, if applicable:		SAME	AS	BEFORE	
(Mailing address MAY BE A POST OFFICE BO	<u>X)</u>				
B. If amending the registered agent and/or registered agent and/or the new registered office			on our	records, enter the	name of the new
registered agent and/or the new registered office	address here	•			
Name of New Registered Agent:	N/A N/A				
New Registered Office Address:	N/A				
		Enter i	Horida str	eet 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.

M/A

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: FILED 2017 APR 14 PM 3: 35 MGR = Manager AMBR = Authorized Member **Type of Action** <u>Address</u> **Title** <u>Name</u> NIA \_□ Add \_□ Remove ☐ Change \_□ Add ☐ Remove ☐ Change \_□ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change \_□ Add ☐ Remove ☐ Change □ Add ☐ Remove \_□ Change

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	ALLAHASSE STATE
	SECRETARY OF STATE  TALLAHASSEE, FLORIDA
	,
	date if other than the date of filing:
Effective	date, if other than the date of filing: (optional) ve 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
Note: If	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
documen	's effective date on the Department of State's records.
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
The 9	Oth day after the record is filed.
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Dated	<i>N</i> / <i>A</i>
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	to the state of th

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Filing Fee: \$25.00