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FILING CANCELLED RETURNED CHECK

SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LÉTTER

TO: Registration Section
Division of Corporations

FILING CANCELLED RETURNED CHECK

Abigail Green LLC SUBJECT: 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: Abigail Green Name of Person Firm/Company 3022 Helen Ave Address Orlando, FL 32804 City/State and Zip Code abigailjulia1030@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Abby Green 321 947-4460 Name of Person Daytime Telephone Number Enclosed is a check for the following amount:

□ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

□ \$30.00 Filing Fee &

Certificate of Status

■ \$25.00 Filing Fee

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

STRÉET/COURIER ADDRESS:

□ \$60.00 Filing Fee,

Certified Copy

Certificate of Status &

(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 FILING CANCELLED

FILING CANCELLED RETURNED CHECK

Abigail Green LLC		
(Name of the Limited Liability Company (A Florida Limited Lia	z ås it now appears on our records.) sbility Company)	-
The Articles of Organization for this Limited Liability Company w Florida document number <u>L17000263632</u>		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	tylcompany here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbrevia	tion "L.L.C."
Enter new principal offices address, if applicable:		66
(Principal office address MUST BE A STREET ADDRESS)		JAN
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address here:		ASSEE. I LOSIDA
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address, Florida	
	City Ziq	Code
New Registered Agent's Signature, if changing Registered Agent:	1	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe accept the obligations of my position as registered agent as pro- being filed to merely reflect a change in the registered office ac	erformance of my duties, and I am famili ovided for in Chapter 605, F.S. Or, if thi	ar with and s document is

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

company has been notified in writing of this change.

MGR = M AMBR = A	lanager uthorized Member		
<u>Γitle</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Abigail Green	3022 Helen Ave Orlando, FL 32804	Add
			■ Remove
			Change
AMBR	Abigail Green	3022 Helen Ave Orlando, FL 32804	a Add
FII.	ING CANCELLED		Remove
	TURNED CHECK		Change
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If amending any other informa	_	e: (Attach additiona	ıl sheets, if necessary.))
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FILING C.	ANCELLED			
RETURN	ED CHECK			
				
				JAN LAHA
 			 .	SSEE
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Effective date, if other than the fan effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the D	st be specific and cannot be prior lock does not meet the applic	able statutory filing re	(optional) than 90 days after filing.) Fequirements, this date w	Pursuant to 605.0207 (3) ill not be listed as the
ne record specifies a delaye The 90th day after the rec	d effective date, but no		ne, at 12:01 a.m. or	n the earlier of:
Dated				
Digail	Signature of a member or author	orized representative of	a member	<u>8/20/8</u>
Abigail Green				
	Typed or printe	ed name of signee		

Page 3 of 3

Filing Fee: \$25.00