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To:

Division of Corporations
Fax Number : (850)617-6383

Account Name : MONAGA ACCOUNTING ASSOCIATES,INC Account Number : 128168080895
Phone : (239)259-7483
Fax Number : (239)288-1269

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

EASIL Address: ailin @monagacica ounting, com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ABA CONNECT STEPS, LLC

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## COVER LETTER -

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erm nez		NECT STEPS, LLC	•	•		
SUBJEC		Name of Lim	ited Liability Company	<del></del>		
		Amendment and fee(s) are sub-	-			
Please re	etum all correspo	ndence concerning this matter	to the following:			
		AILIN MONAGA		<b>\</b>		
1	•		Name of Person	····		
		MONAGA ACCOUNTING	G ASSOCIATES INC			
			Firm/Company	<del></del>		
		1919 COURTNEY DR ST	E 10A			
,			Address			
		FORT MYERS, FL 33901				
		City/State and Zip Code				
		AILIN@MONAGAACCOI	UNTING.COM to be used for future annual report n	atification)		
Pau Saut	information o		,	ottineation)		
		oncerning this matter, please ca				
AILIN N	MONAGA		239 2597483 at ()			
	Name of	f Person	Area Code Dayt	ime Telephone Number		
		, ,	r ×			
Enclosed	l is a check for th	e following amount:				
S25,	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 S		<u>Street Address:</u> Registration S	Section		
	Division of C		Division of C	orporations		

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

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ABA CONNECT STEPS LLC			
(Name of the Limit	ed Liability Company (A Florida Limited Lia	as it now appears on our reconbility Company)	rds.)
The Articles of Organization for this Limited Li Florida document number L25000294257	ability Company w	rere filed on 06/24/2025	and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	the limited liabili	ty company here:	
The new name must be distinguishable and contain the w	ords "Limited Liability	Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:		
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address if applicables			
Enter new mailing address, if applicable:	POV	<del>- •</del> .	~
(Mailing address MAY BE A POST OFFICE)	<u>102)</u>		
			<u> </u>
B. If amending the registered agent and/or reagent and/or the new registered office addres		dress on our records, <u>ente</u>	r the name of the new registered
agent and of the new register of onthe underest	<u>s nore</u> .		
Name of New Registered Agent:	MONAGA ACC	DUNTING ASSOCIATES IN	c 7 2
New Registered Office Address:	1919 COURTNE	Y DR STE 10A	:d —
		Enter Florida street addre	25.5
	FORT MYERS	, F	lorida <u>33901</u>

## 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.

City

Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	LILIBETH GONZALEZ	1735 BRANTLEY RD	<b>≣</b> Add
		APT 914	
		FORT MYERS, FL 33907	
			,
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			□Remove
			Change
		<del></del>	□Add
			□Remove
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			DAdd
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			Change
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		<del>-</del> -	DAdd
			□Remove
			□Change

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	any other information, enter change(s) here: (/	Ittach additional sheets, if necessary.)	
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(If an effective date Note: If the da	if other than the date of filing: 21  is listed, the date must be specific and cannot be prior to date inserted in this block does not meet the applicable sective date on the Department of State's records.	2025 (optional) e of filing or more than 90 days after filing.) Pursuant to 60 statutory filing requirements, this date will not be list	05.0207 sted as
If the record specific record is filed.	es a delayed effective date, but not an effective time, a	t 12:01 a.m. on the earlier of: (b) The 90th day aft	ter the
Dated <u>Tu</u>	<u> الم الم الم الم الم الم الم الم الم الم</u>		
ı	$\mathcal{M}(\mathcal{M})$		

Typed or printed name of signee

LILIBETH GONZALEZ