

L12000080814

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

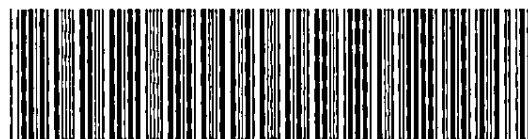
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 NOV 17 PM 1:35

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ABACO INTERNATIONAL LOSS ADJUSTERS LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

DANIELA S. NUVOLOSO

Name of Person

ABACO INTERNATIONAL LOSS ADJUSTERS LLC

Firm/Company

31 SE 5 Street, Suite 313

Address

Miami, Florida 33131

City/State and Zip Code

dnuvoloso@abacoadjusters.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniela S. Nuvoloso

305 965-9934
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 NOV 17 PM 1:35
Assigned

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

This amendment is submitted to amend the following:

N/A

N/A

N/A

N/A

Enter Florida street address

Florida

(iv)

Zip Code

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.

Page 1 of 3

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>	<u>Address</u>	<u>Type of Action</u>
n/a	n/a	n/a	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

1. ABACO ASESORES PERICIALES, S.L. IS OWNER AND HAS 60% OF OWNERSHIP INTEREST OF
ABACO INTERNATIONAL LOSS ADJUSTERS LLC

2. IAIN F. MACBEAN HAS 20% OWNERSHIP INTEREST OF ABACO INTERNATIONAL LOSS
ADJUSTERS LLC

3. AURELIO GONZALEZ DOMINGUEZ HAS 20% OWNERSHIP INTEREST OF ABACO
INTERNATIONAL LOSS ADJUSTERS LLC

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FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: 10/20/2017 (optional)

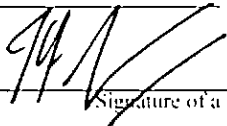
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 10/20/17 2017



Signature of a member or authorized representative of a member

IAIN F. MACBEAN

Typed or printed name of signee