

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((**H210002**70503 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-8383

From:

Account Name : INCORP SERVICES INC

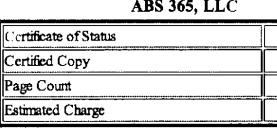
Account Number : I20120000007 : (702) 866-2500 Phone

Fax Number : (702)900-2290

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address ploaso.

Email Address: managedreports@incorp.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **ABS 365, LLC**



JUL 15 2021 A. LUNT

0

04

\$25.00

From: GFI FaxMaker

To: 8506176383

Page: 2/5

Date: 7/14/2021 12:03:25 PM

COVER LETTER

TO: Registration Se				H21	0002	270503 3
SUBJECT: ABS 365,	LLC					
SUBJECT:	Name of Limi	ted Liability Company				
	Amendment and fee(s) are sub- indence concerning this matter	-				
	Erin Regan					
		Name of Person		···········		
	InCorp Services, Inc.					<u>=</u>
Firm/Company				SEI VISI	VISE	
	3773 Howard Hughes Pkwy, Suite 500S				HILED SECRETARY OF STATE VISION OF CORPORATIO 21 JUL 14 PM12: 10	ORET ORET
		Address	· · · · · · · · · · · · · · · · · · ·		=	ARY CC
	Las Vegas, NV 89169-	6014			7) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
	Ü	City/State and Zip Code			<u>.</u>	STAI
managedreports@incorp.com				0	SNOL	
	E-mail address: (i	o be used for tuture annual rep	ort notification)			S
For further information c	oncerning this matter, please ca	ill:				
Erin Regan on behal	f of InCorp Services, Inc.	800-246-2677				
Name o	f Person	= -	Daytime Telephon	e Number		
Enclosed is a check for th	ne following amount:					
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose		560.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclor		

Mailing Address:

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

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

From: GFI FaxMaker To: 8506176383

Page: 3/5 Date: 7/14/2021 12:03:25 PM

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H21000270503 3

ABS 365, LLC			
(Name of the Limited Liability Compan (A Florida Limited Li	v as if now appears on our re ability (Company)	cords.)	
The Articles of Organization for this Limited Liability Company vilorida document number <u>L21000215191</u> .	were filed on 05/07/2021	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company here:		
ABS 21 Ventures, LLC The new name must be distinguishable and contain the words "Limited Liability".	ry Company." the designation '	"EEC" or the abbreviation "E.E.G"	
Enter new principal offices address, if applicable:		<u> 21</u>	
(Principal office address MUST BE A STREET ADDRESS)		JUL	
		ART CO	
Enter new mailing address, if applicable:		PHIN:	
(Mailing address MAY BE A POST OFFICE BOX)		ATION ON	
	·	<u>x</u>	
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, <u>ei</u>	nter the name of the new registered	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	Cïŋ·	, Florida Ziv Code	
New Registered Agent's Signature, if changing Registered Agent:		,	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as publing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	oerformance of my dutie rovided for in Chapter 6	s, and I am familiar with and 05, F.S. Or. if this document is	
If C'hang	ging Registered Agent, Signati	ure of New Registered Agent	

_		_
Etom.	CEL	FaxMaker

To: 8506176383 Page: 4/5 Date: 7/14/2021 12:03:25 PM

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

H21000270503 3

<u>Title</u>	Name	Address	Type of Action
			⊓Add
			∏Remove
			□Change
			∏∧dd
			SECRETARY OF STATE SECRETARY OF CORPORATIONS OF CORPORATIONS
			∐Remove
			UClumge
			UAdd
			⊟Remove
			∐Change
			Плdd
			ПRemove
			ПChange Н21000270503 3

H21000270503 3

		ganggan ganggan ya miti. Ing dibir di zong vi sibi sibibi		

VA provide registration				<u>ت</u>
			2	₹Si
				9
			=	9
				CORP
			PH 2:	POR
<u> </u>				ATIC.
and the same of th			(/	SNOL
				
Wasain Jan 16 allough a though a ceile		/ 1!	15	
fective date, if other than the date of filing affective date is listed, the date must be specific up				
ote: If the date inserted in this block does not culment's effective date on the Department of		ory filing requirements, this	s date will not be listed	as !
record specifies a delayed effective date, but no	ot an effective time, at 12:0	l a.m. on the earlier of: (b) The 90th day after th	he
is filed.	And the second second			
$\frac{7}{24}$		*,		
A State He				
1-1000 mg ()	3, \ (\\ (\) \ (\) \ (\)	<i>i</i>		

Typed or printed name of signee