

W02000018670

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

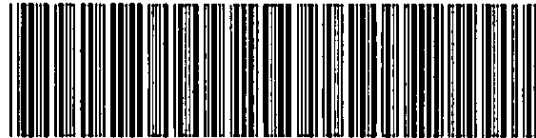
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900392753849

08/18/22--01018--015 \*\*55.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2022 AUG 18 AM 9:01

J DENNIS

NOV 15 2022

# ABA

The ABA Group, LLC

August 16, 2022

State of Florida  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

*Re: The ABA Group, L.L.C. – L02000018670*


Dear Sir or Madam:

Enclosed are the original and one copy of the Second Amended and Restated Articles of Organization of The ABA Group, L.L.C. Also enclosed is a check in the amount of \$55.00 representing payment of the following:

Filing Fee:	\$25.00
Certified Copy Fee:	\$30.00

Please file the Second Amended and Restated Articles of Organization and return a certified copy to my attention.

Very truly yours,  
The ABA Group, L.L.C.

  
\_\_\_\_\_  
Laura Calderon  
Member

/lc  
Encls.

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** The ABA Group, LLC

\_\_\_\_\_  
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:

Laura Calderon

\_\_\_\_\_  
Name of Person

The ABA Group, LLC

\_\_\_\_\_  
Firm/Company

46 N. Washington Blvd., Ste. 21

\_\_\_\_\_  
Address

Sarasota, FL 34236

\_\_\_\_\_  
City/State and Zip Code

lcalderon@boyerboyer.com

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

For further information concerning this matter, please call:

Laura Calderon

941

365-2304

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 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 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

**SECOND AMENDED AND RESTATED**  
**ARTICLES OF ORGANIZATION**  
**OF**  
**THE ABA GROUP, L.L.C.,**

A Florida Limited Liability Company

Pursuant to Section 605.0202 of the Florida Revised Limited Liability Company Act the undersigned, being the members of The ABA Group, L.L.C. (hereinafter the "limited liability company"), desire to amend and restate its Articles of Organization, and do hereby certify:

FIRST: The Articles of Organization were filed on July 24, 2002, and assigned document number L02000018670.

SECOND: The following Amended and Restated Articles of Organization, which supersede the original Articles of Organization and all amendments to them, were adopted by the limited liability company. To effect the foregoing, the text of the Articles of Organization is hereby restated and amended as herein set forth in full:

**ARTICLE I**  
**NAME AND PRINCIPAL PLACE OF BUSINESS**

The name of the limited liability company is *The ABA Group, L.L.C.*...

**ARTICLE II**  
**ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is:

46 North Washington Blvd.  
Suite 21  
Sarasota, FL 34236

ARTICLE III  
REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the registered agent are:

Edwin M. Boyer  
46 N. Washington Blvd, Suite 21  
Sarasota, FL 34236

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating 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..



Edwin M. Boyer, Registered Agent

8/15/22

Date

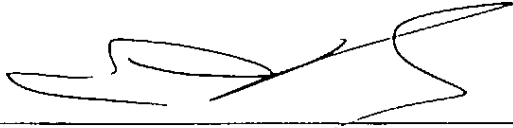
ARTICLE IV  
MEMBERS

Management of this limited liability company is reserved to its members, as outlined and to the extent stated in the company's operating agreement. The names and addresses are as follows:

Edwin M. Boyer  
46 N. Washington Blvd.  
Suite 21  
Sarasota, FL 34236

Andrew R. Boyer  
46 N. Washington Blvd.  
Suite 21  
Sarasota, FL 34236

Laura L. Calderon  
46 N. Washington Blvd.  
Suite 21  
Sarasota, FL 34236



Edwin M. Boyer, Member

8/15/22

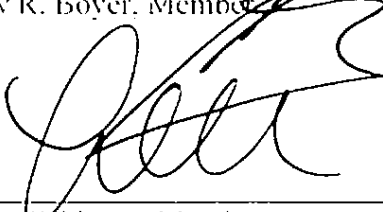
Date



Andrew R. Boyer, Member

8-15-22

Date



Laura L. Calderon, Member

8/15/2022

Date