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COVER LETTER

Div	ision of Corp	porations		
SUBJECT:	ABISA, LLO	C		
obsect.		Name of Limi	ited Liability Company	 _
The enclosed	I Articles of /	Amendment and fee(s) are subt	mitted for filing.	
Please return	all correspor	ndence concerning this matter t	to the following:	
		Nick Hernandez		
			Name of Person	
		ABISA, LLC		
		_	Firm/Company	
		PO Box 1465		
			Address	
		Valrico, FL 33595		
		nhernandez@abisallc.com	City/State and Zip Code	
		E-mail address: (t	o be used for future annual report notifi	ication)
For further in	itormation co	oncerning this matter, please ca	ill:	
Nick Hernan	idez		813 486-6449	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a	check for the	e following amount:		
■ \$25.00 F	Tiling 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:

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ABISA, LLC			
(Name of the Limi	ted Liability Company (A Florida Limited Liab	as it now appears on our recor pility Company)	<u>ds.</u>)
ne Articles of Organization for this Limited L	Liability Company we	ere filed on 04/23/2007	and assigned
orida document number 1.07000042669	·		
is amendment is submitted to amend the fol	lowing:		
If amending name, enter the new name of	of the limited liabilit	y company here:	
e new name must be distinguishable and contain the	words "Limited Liability	Company," the designation "LL	C" or the abbreviation "L.L.C."
iter new principal offices address, if applic	cable:		
rincipal office address MUST BE A STREE	ET ADDRESS)		St. Ast.
	_		DEC CAE
			- 7
nter new mailing address, if applicable:	_		
<u> 1ailing address MAY BE A POST OFFICE</u>	- - BOX)		STA DRAG
			₹ 500
If amending the registered agent and gistered agent and/or the new registered of New Registered Agent:		e address on our record	ls, <u>enter the name of the</u>
Name of New Registered Agent.	2104 5 57 40 111		· · -
New Registered Office Address:	2406 E. FL-60 #14	Enter Florida street addre	and the same of th
		Lines r toriau street aaare	33
	Valrico		lorida <u>33594</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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR =	Authorized Member		
<u>Title</u>	Name	Address	Type of Action
			□ Remove
			□ Change
			Remove
			□ Change
			Remove
			Change
			Add
			Remove
			☐ Change
			Remove
		<u>.</u>	Change
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			Remove
			□ Change

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ctive date, if other than the effective date is listed, the date mu	st be specific and ca			more than 90 day		
 e: If the date inserted in this blument's effective date on the D 			le statutory fil	ing requirement	s, this date will r	ot be listed
record specifies a delayed he 90th day after the rec		te, but not a	an effective	time, at 12:	01 a.m. on ti	ne earlier
ed December 3		2018	. •			
	//	/ /				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00