

L10000111137

(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:

A. LUNT

SEP 13 2011

EXAMINER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 SEP -9 AM 10:58

FILED

Law Offices of
MICHAEL A. LAMPERT, P.A.
1655 Palm Beach Lakes Boulevard
The Forum - Suite 900
West Palm Beach, Florida 33401
Telephone (561) 689-9407
Telecopier (561) 683-1559

Michael A. Lampert
(Florida Board Certified Tax Attorney)
Also Admitted in Pa. and D.C.

Of Counsel:
Esther A. Zaretsky*
Richard P. Zaretsky**
**(Florida Board Certified Real Estate Attorney)
* Also Admitted in N.Y.

September 7, 2011

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

Re: Articles of Amendment

Dear Sir or Madam:

Enclosed please find a Cover Letter and Articles of Amendment for ABACOA, LLC. Also enclosed is my check in the amount of \$25.00 for filing fee. Please process the enclosed Articles of Amendment and provide me with a letter of acknowledgment after the amendment has been filed.

As always, please feel free to contact me if you have any questions or concerns.

Very truly yours,



Michael A. Lampert

MAL:bjj
Enclosure

cc: Jeffrey Titherington (w/o enclosures)
Ghada Dergham (w/o enclosures)

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ABACOA, 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:

Michael A. Lampert, Esq.

Name of Person

Michael A. Lampert, P.A.

Firm/Company

1655 Palm Beach Lakes Blvd., Ste 900

Address

West Palm Beach, FL 33401

City/State and Zip Code

michael@lamperttaxlaw.com

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

For further information concerning this matter, please call:

Michael A. Lampert

Name of Person

at (561)

689-9407

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ABACOA, LLC

Page 1 of 2

8. If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated September 7, 2011

Signature of a member or authorized representative of a member

Michael A. Lampert
Typed or printed name of signee

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CLERK OF STATE
TALLAHASSEE, FLORIDA