211000015058

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(Business Entity Name)		
(Document Number)		
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06/07/18--01007--018 ++60.00



COVER LETTER

TO: **Registration Section Division of Corporations**

Apsides LLC SUBJECT:

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:

Carlos Alamo

Name of Person

Apsides LLC/Abodee LLC

Firm/Company

1430 S Dixie Hwy Ste 317

Address

Coral Gables FL, 33146

City/State and Zip Code

calamo@apsidesmgt.com

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

For further information concerning this matter, please call:

Carlos Alamo 305 260-6912 at (____ Daytime Telephone Number Area Code Name of Person

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Apsides LLC

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

The Articles of Organization for this Limited Liability Company were filed on $\frac{02/04/2011}{1000015058}$ and assigned Florida document number $\frac{L11000015058}{1000015058}$

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Abodee LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	T

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered office address here:

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	ddress
_		. Florida
	City	Zip Code

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</u> being added <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

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<u>Title</u>	Name	<u>Address</u>	Type of Action
			🖸 Add
			Change
			🖸 Add
-			
-			Change
			Add
			Add
			Change
<u> </u>			🗅 Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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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 _____

2018

Signature of a member or authorized representative of a member-

Carlos Alamo

Typed or printed name of signee

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Filing Fee: \$25.00