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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Emity Name)
(Document Number)
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FLORIDA DEPARTMENT OF STATE Division of Corporations

June 14, 2017

TERI ABRAHAM 7541 SW 174 ST PALMETTO BAY, FL 33157

SUBJECT: ABRAVO HOLDINGS LLC

Ref. Number: L12000011962

We have received your document for ABRAVO HOLDINGS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 417A00012055

Octavia I Simmons Regulatory Specialist II



COVER LETTER

Division of Cor			
SUBJECT:	BRAUO HOLT	DINGS LLC	•
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	TER	ABRAHAM Name of Person	
		Name of Person	
		Firm Company	
	7541	SW 174 Stree	2+
	<u>Pal</u>	MEHO BAY, FL. City State and Zip Code VOGEL 7@ AOL to be used for future annual report notif	<u>33157</u>
	TER E-mail address: (IVD6EL7@ AOL to be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca	all:	
TERI	ABRAHAM	at (<u>305</u>) <u>310</u> Area Code Daytimo	-9446
Name o	f Person	Area Code Daytime	· Telephone Number
Enclosed is a check for t	he following amount:		
S25,00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional 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 32304

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Abravo Holdings LLC			
(Name of the Limit	ted Liability Compa (A Florida Limited I	ny as it now appea ,iability Company)	rs on our records.)
The Articles of Organization for this Limited L. Florida document number L12000011962	iability Company	were filed on $\frac{0}{2}$	and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, <u>enter the new name o</u>	f the limited liab	ility company h	<u>ere</u> :
Abraham Realty & Trust LLC			
The new name must be distinguishable and contain the v	vords "Limited Liabil	lity Company," the	designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	1320 South Di	xie Highway #241, Coral Gables FL 32146
(Principal office address MUST BE A STREE	ET ADDRESS)		<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and registered agent and/or the new registered of	or registered of	fice address o	xie Highway #241, Coral Gables, Fig. 33 P46
Name of HIM Registered Agent:	Teresa Abrahan	n	
New Registered Office Address:	7541 SW 174 S	Street	
		Enter Fle	orda street address
	Palmetto Bay		Florida 33157 Zip Code
		Cay	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

Page 1 of 3 Secesa altaham

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 Address Type of Action Title <u>Name</u> _□ Add _□ Remove _□ Change □ Add ☐ Remove □ Change _□ Add _□ Remove □ Change □ Add ☐ Remove □ Change _□ Add ☐ Remove

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Note:	ive date, if other than the date of filing: JUNE 15, 2017 (optional) dective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	6/8/2017
	Jew Alvaham - Ugal Signature of a member or authorized representative of a member
	TERI ABRAHMH - VOGIC Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00