

07/20/2018

Division of Corporations

L12000120716

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : TAXLEAF.COM INC  
Account Number : I20140000084  
Phone : (305)541-3980  
Fax Number : (888)772-8108

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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TALLAHASSEE

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
ABEJA LLC

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2018-09-20 14:33 08 (GMT)

18887728108 From: Mike Natarus

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
18 SEP 20 AM 11:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ABEJA 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 SEPTEMBER 20TH, 2012 and assigned Florida document number L12000120716

This amendment is submitted to amend the following:

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

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

Enter new principal offices address, if applicable:

19201 COLLINS AVENUE UNIT 542

(Principal office address MUST BE A STREET ADDRESS)

SUNNY ISLES, FL 33160

Enter new mailing address, if applicable:

19201 COLLINS AVENUE UNIT 542

(Mailing address MAY BE A POST OFFICE BOX)

SUNNY ISLES, FL 33160

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

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*Florida*

\_\_\_\_\_  
*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

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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

| <u>Title</u> | <u>Name</u>      | <u>Address</u>                | <u>Type of Action</u>                      |
|--------------|------------------|-------------------------------|--|
| MGR          | JAQUELINA CANERO | 1549 NE 123RD ST              | <input type="checkbox"/> Add               |
|              |                  | NORTH MIAMI, FL 33161         | <input checked="" type="checkbox"/> Remove |
|              |                  |                               | <input type="checkbox"/> Change            |
| MGR          | BETTINA L CANERO | 1549 NE 123RD ST              | <input type="checkbox"/> Add               |
|              |                  | NORTH MIAMI, FL 33161         | <input checked="" type="checkbox"/> Remove |
|              |                  |                               | <input type="checkbox"/> Change            |
| MGR          | MARIO A CANERO   | 19201 COLLINS AVENUE UNIT 542 | <input checked="" type="checkbox"/> Add    |
|              |                  | NORTH MIAMI, FL 33161         | <input type="checkbox"/> Remove            |
|              |                  |                               | <input type="checkbox"/> Change            |
|              |                  |                               | <input type="checkbox"/> Add               |
|              |                  |                               | <input checked="" type="checkbox"/> Remove |
|              |                  |                               | <input type="checkbox"/> Change            |
|              |                  |                               | <input type="checkbox"/> Add               |
|              |                  |                               | <input type="checkbox"/> Remove            |
|              |                  |                               | <input type="checkbox"/> Change            |

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