114000063328

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone #	‡)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	<u> </u>
(54	omoso Emily Marine	<i>'</i>
(Do	cument Number)	
Certified Copies	Certificates of	of Status
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COVER LETTER

TO: Registration Section
Division of Corporations

RIECT. A.B.A. INTERNATIONAL, 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:

STEVEN VEINGER, ESQ.

Name of Person

STEVEN VEINGER, P.A.

Firm/Company

20801 BISCAYNE BLVD, SUITE 304

Address

AVENTURA, FL 33180

City/State and Zip Code

STEVEN@VEINGERLAW.COM

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

For further information concerning this matter, please call:

STEVEN VEINGER, ESQ.

_{...}, 305, 682-0401

Name of Person

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A.B.A. INTERNATIONAL, LLC (Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records,) ability Company)	
The Articles of Organization for this Limited Liability Company v. Florida document number <u>L14000063328</u> .		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and end with the words "Limited Liabil	lity Company." the designation "LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applicable:		ا هی ه بری
(Principal office address MUST BE A STREET ADDRESS)		11 mg 14 mg
	333 34 47	
	or En	J CO
Enter new mailing address, if applicable:		P P
(Mailing address MAY BE A POST OFFICE BOX)		
		:ii: ::n
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here: Name of New Registered Agent:		name of the new
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City Zi	p Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as pro-	performance of my duties, and I am famil	iar with and

If Changing Registered Agent, Signature of New Registered Agent

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 amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

Title	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	ANASTASIIA BONDARENKO-MUNDAY	WHITELEAF VILLA, LOWER ROA	ND □ Add
		TEYNHAM, KENT, UK	■ Remove
		ME9 9LR	
<u> </u>			Add
			Remove
		·	
			Pice Pice Florida
			Add
			□ Remove
		<u> </u>	
			□ Add
			□ Remove
			- -
			Add
		 	□ Remove

<u> </u>		
date this document is filed by the	annot be prior to date of receipt or filed date and cannot be m Florida Department of State)	(optional) ore than 90 days after
date this document is filed by the	Florida Department of State) 2014	
ed MAY 22	Florida Department of State) 2014	

Page 3 of 3

Filing Fee: \$25.00