

L14000063328

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

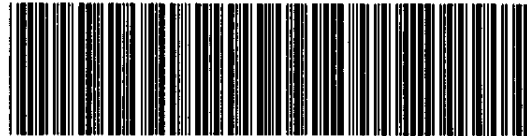
(Document Number)

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Amend

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14 MAY 28 PM 1:15
SEALING/STATE
TALLAHASSEE, FLORIDA

T. Burch JUN 14 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 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. at (305) 682-0401

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

■

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

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
AMBR	ANASTASIIA BONDARENKO-MUNDAY	WHITELEAF VILLA, LOWER ROAD	<input type="checkbox"/> Add
		TEYNHAM, KENT, UK	<input checked="" type="checkbox"/> Remove
		ME9 9LR	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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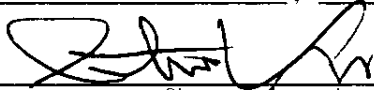
14 MAY 2015
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated MAY 22, 2014



Signature of a member or authorized representative of a member

STEVEN VEINGER, ESQ.

Typed or printed name of signer

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14 MAY 28 PM 1:19
TALLAHASSEE, FLORIDA