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## COVER LETTER

		stration Secti ion of Corpo		•		
			er Associates LLC			
SUBJEC	/l; <u> </u>		Name of Limit	ed Liability Company		
The encl	osed	Articles of Ar	nendment and fee(s) are subm	nitted for filing.		
Please re	turn :	ill correspond	lence concerning this matter to	o the following:		
			Ericka R. Chestnut			
				Name of Person		_
			Abera & Parker Associates	LLC		
		Firm/Company				
			2319 Bethune Ave			
			Address  Jacksonville Florida 32207  City/State and Zip Code  buyerselickhere@gmail.com			
			E-mail address: (to	be used for future annual re	port notification)	•
For furth	er in	formation cor	neerning this matter, please cal	II:		
Ericka R	t. Ch	estnut		at ( )	0936	
		Name of F	Person	Area Code	Daytime Telephone Numb	ecr
Enclosed	l is a	check for the	following amount:			
■ \$25.	00 Fi	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enck	Certific sed) Certific	Filing Fee, cate of Status & ed Copy nat copy is enclosed)

MAILING ADDRESS:

TO:

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

Abera & Parker Assoicates LLC			<u> </u>	
( <u>Name of the Limited Liability</u> (A Florida L	Company as it now app imited Liability Compan	ears on our records.)	Since P 5mm	
The Articles of Organization for this Limited Liability Cor			and assigned	
Florida document number L14000159977	<i>,</i>		, · · ·	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	ed liability company	here:		
ABERA,GIBBS,PARKER, & THORNHILL L.L.C.				
The new name must be distinguishable and contain the words "Limite	ed Liability Company," th	ne designation "LLC" or the a	bbreviation "L.L.C."	
Enter new principal offices address, if applicable:	2319 BETHU	JNE AVE.		
(Principal office address MUST BE A STREET ADDRE	(SS) JACKSONV	JACKSONVILLE FL.		
	32207			
Enter new mailing address, if applicable:	2319 BETHU			
(Mailing address MAY BE A POST OFFICE BOX)	JACKSONV	TLLE PL.		
	32207			
B. If amending the registered agent and/or registered agent and/or the new registered office addre	ered office address ess here:  A R CHESTNUT	on our records, <u>enter</u>	the name of the new	
Name of New Registered Agent:				
New Registered Office Address: 2319 BE	ETHUNE AVE.	Florida street address		
. aug			7	
JACKSO —	ONVILLE <i>City</i>	, Florida <u>33</u>	Zip Code	
Name Danistana d America Cinguitana if abandana Danistana	•		og com	
New Registered Agent's Signature, if changing Registered	rigent.			

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.

Micka & Childrent
If Changing Registered Agent, Signature of New Registered Agent

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

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	ERICKA R CHESTNUT	2319 BETHUNE AVE. JACKSONVILLE FL 32207	
			Remove
			Change
AR	AMIE MARIE GIBBS	8985 Normandy Blvd ±19 JACKSONVILLE, FL 32221	
			Remove
			☐ Change
AR	LUIS SANTIAGO	12518 GENTLE KNOLL CT. JACKSONVILLE, FL 32258	
			Remove
			Change
AP	ANNE M WALL	1213 SOUTH H STREET INDIANOLA, IA 50125	<b>=</b> Add
			□ Remove
			Change
TRES	MAARE ABERA	3610 BEACH BLVD JACKSONVILLE, FL 32207	Add
			□ Remove
			Change
			Remove
			Change

ERI	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.) CKA CHESTNUT AND MAARE ABERA WILL CONDUCT ALL FINANCIAL BUSINESS AND WILL THE ONLY PARTIES					
ALL	LOWED TO ENTER ALL LAWFUL BUSINESS VENTURES, OR TO ENTER BINDING AGGREEMENTS					
ON	BEHALF OF THIS COMPANY, AND WILL BE ENDOWED BANKING AND FINANCIAL					
PRI	VILEGES.					
$\overline{ m WH}$	EN BUYING A NEW VENTURE OR SELLING AN EXISTING VENTURE IT WILL TAKE BOTH					
PAR	RTIES SIGNATURES ON THE AGREEMENT.					
THE	THE LIMITED LIABILITY COMPANY WILL CONDUCT MONTHLY MEETINGS ON 21 ST OF EACH					
MO	MONTH UNLESS THEIR IS A HOLIDAY IN WHICH CASE THE MEETING WILL BE HELD ON THE					
FOL	FOLLOWING MONDAY.					
···						
	DECEMBER 31 ST,2018					
lf an effectiv <u>Note:</u> If t	date, if other than the date of filing:					
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the record is filed.					
Dated	2018 2018 2018 2018 2018 2018 2018 2018					
	Micka & Cheldrett Signature of a member or authorized representative of a member					
	Signature of a member or authorized representative of a member					
	Typed or printed name of signee					

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Filing Fee: \$25.00