L1500005329

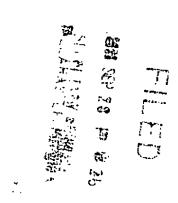
(Requestor's Name)
(Nequestor's Name)
(Address)
(Addless)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
operate instructions to taking officer.

Office Use Only



400352375574

09/28/20--01018--019 **25.00



1210 ...1

COVER LETTER

то:	Registration Section Division of Corporations
SUBJE	CT: ABUNDANT LIFE HOMES, LLC Name of Limited Liability Company
The enc	losed Articles of Amendment and fee(s) are submitted for filling.
Please re	eturn all correspondence concerning this matter to the following:
	WAZLINCE R. COOK Name of Person
	S100 PM Firm/Company
	PO BOX 562725 Address
	ROCKLEDGE, FL. 32956 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For furth	ner information concerning this matter, please call:
u	Name of Person at (321) 863-2869 Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:
图 \$25.	00 Filing Fee Solution Status

. .

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A BUNDANT (Same of the Limited Li (A Fi	L1FF ability Companiorida Limited Li	was it now appears on our records.) ability Company)	2 <	-	_	
The Articles of Organization for this Limited Liabili		vere filed on <u>01/09</u> /2	2015	and	assigned	
This amendment is submitted to amend the following	g:					
A. If amending name, enter the new name of the	limited liabil	ity company here:				
	U/A					
The new name must be distinguishable and contain the words	"Liinited Liabilit	y Company," the designation "LLC" of	or the abb	reviation	ı "L.L.C."	
Enter new principal offices address, if applicable	:					_
(Principal office address MUST BE A STREET AI	DDRESS)	NA		-		_
						_
Enter new mailing address, if applicable:		11)/A				_
(Mailing address MAY BE A POST OFFICE BOX	<u>()</u>			.,		
			F	6		_
B. If amending the registered agent and/or regist agent and/or the new registered office address he		ddress on our records, <u>enter th</u>	ie <u>name</u>	ol-the	new Legist	ered
agent and/of the new registered office address no	<u></u>			100	-	
Name of New Registered Agent:	N/i	7	THE STATE OF THE S	763	177	_
New Registered Office Address:			12.75.	115. 	* G.J.	_
		Enter Florida street address	Ë	÷-		
_		, Flor	ida		·	_
		City		Zip C	ode	

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 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>	Address	Type of Action
MGR	WALLACE R. Conk	6410 GRISSOM PKWY	5/ Add
		6410 GRISSOM PKWY Cocop, FL. 32927	□Remove
			🗆 Remove
			Change
			□Add
			□Remove
			□ Change
			□ Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□ Add
			□Remove
			Change

\mathcal{N}	4
	
	
	
	
an effective date	if other than the date of filing: (optional) is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020
	e inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ctive date on the Department of State's records.
record specifie	s a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the
l is filed.	
$\alpha /$	2 4
ated	<u> </u>
	Judith a. Crake Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Judith A. Cook Typed or printed name of signee