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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer.	
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J SHIVERS

COVER LETTER *

Division of Corpo	orations		
CUB IEC'P.	TABA	SOMART, LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of Ar	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
		Marc J. Kesten, Esq.	
		Name of Person	
		Marc J. Kesten, P.L.	
		Firm/Company	
		9220 NW 72nd Street	
		Address	
		Parkland, Florida 33067	
		City/State and Zip Code	
		marc@kestenlex.com	
	E-mail address: (to be used for future annual report notifica	ation)
For further information con	cerning this matter, please c	all:	
Marc J. Kes	ten, Esq.	954 600-9500 at ()	
Name of P	erson	Area Code Daytime T	elcphone 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:

TO:

Registration Section

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

ABASOMART, LLC	
y Company as it now appears on our records.) Limited Liability Company)	
ompany were filed on January 21, 2015	and assigned
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ted Liability Company," the designation "LLC" or the	e abbreviation "L.L.C."
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ESS)	
ered office address on our records, <u>en</u> ess here:	ter the name of the ne
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	D/m *
AT	Zip Code
	cered office address on our records, end

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

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>	Name	Address	Type of Action
AMBR	Simin Mohajer	13397 SW 27th Street	■ Add
		Miramar, Florida 33027	☐ Remove
		<u> </u>	□ Change
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ote: If the date inserted in this bloocument's effective date on the De	ck does not meet the applicable statutory	filing requirements, this da	ite will no	ot be lis	sted a
e record specifies a delayed The 90th day after the reco	effective date, but not an effectiond is filed.	ve time, at 12:01 a.n	ո. on th	e earl	lier d
October 20	, 2015				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00