

L15000043905

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

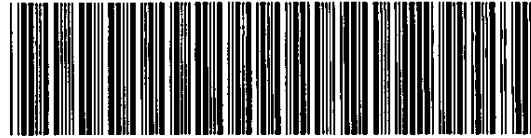
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600290292576

10/03/16--01030--010 \*\*25.00

OCT 04 2016

S. YOUNG

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 OCT -3 PM 4:47

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

ABASKAHRON SOLUTIONS LLC

**SUBJECT:** \_\_\_\_\_  
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:

ROSEMARY DAWOUD

\_\_\_\_\_  
Name of Person

ABASKAHRON SOLUTIONS LLC

\_\_\_\_\_  
Firm/Company

7329 BELLA FORESTA PLACE

\_\_\_\_\_  
Address

SANFORD, FL 32771

\_\_\_\_\_  
City/State and Zip Code

RKHALIL25@GMAIL.COM

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

For further information concerning this matter, please call:

ROSEMARY DAWOUD

321

356-1454

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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

16 OCT -3 PM 4:47

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**TO  
ARTICLES OF ORGANIZATION  
OF**

ABASKAHRON SOLUTIONS LLC

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

The Articles of Organization for this Limited Liability Company were filed on 03/10/2015 and assigned  
Florida document number L15000043905.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

7329 BELLA FORESTA PLACE

*Enter Florida street address*

SANFORD

Florida

32771

*City*

*Zip Code*

**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**

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	KELIER YOUSSEF	2356 KELBROOK COURT	<input type="checkbox"/> Add
		OVIEDO , FL 32765	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ROSEMARY DAWOUD	7329 BELLA FORESTA PLACE	<input checked="" type="checkbox"/> Add
		SANFORD , FL 32771	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
OCT 23 PM 4:47  
10 OCT 23 PM 4:47  
Charge

16 OCT -3 PM 4:47

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 09/29, 2016

Signature of a member or authorized representative of a member

ROSEMARY DAWOUD

Typed or printed name of signee