## L500191684

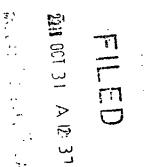
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400320115184

10/31/18--01003--023 \*\*25.00



11/15/18/05

## **COVER LETTER**

TO: Registration Sec Division of Corp				
09090MISH	ABB LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspor	ndence concerning this matter	to the following:		
	JESSICA S. MISHAAN			
		Name of Person		
		Finn/Company	······································	
	19331 NE 19TH PLACE		8 <del>-</del>	T FLIT
	NORTH MIAMI BEACH,	Address FL 33179	, 	131 A12:37
	bill@drabbo.com	City/State and Zip Code		w L
For further information co	E-mail address: ( oncerning this matter, please of	to be used for future annual report notifi all:	cation)	
JESSICA S. MISHAAN		305 945-0909 at ( )		
Name of	Person	Area Code Daytime	Telephone Number	
Enclosed is a check for the	e 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 St Certified Copy (additional copy is c	atus &

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MISHABB LLC	
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on 11/12/15 and assigned
Florida document number L15000191684	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity 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:	1 5
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	· — · · · · · · · · · · · · · · · · · ·
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	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

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
MEM	BILL ABBO	19331 NE 19TH PLACE	<b>_ A</b> dd
		NORTH MIAMI BEACH, FL 33179	□ Remove
			Change
MEM	Jessica Mishaan	19331 NE 19Th Place. North Miami Beach F!	<b>_Z</b> Add
		north Miami Beach F!	Remove
		33179.	Change 7
		• · · · · · · · · · · · · · · · · · · ·	Add I
			Remove
			∵ ω Change
			🗆 Add
			□ Remove
			Change
			Add
			Remove
			☐ Change
			DbA C
			Remove
			Change

			<del></del>		<del></del>		· · · · · · · · · · · · · · · · · · ·	•			
<del></del>			<del></del>								
								· · · · · · · · · · · · · · · · · · ·			
				. <u></u> -					<del></del>		
				···		<del></del>					
						_		•		<del>10-</del>	
									;	133	
										CI	سىر سىخ
-					<del></del>	<u>.</u>	<u> </u>			<u> </u>	
_	·		<del></del>	<del></del>					-,	<del>&gt;</del> -	-
_	<del></del> _	<del></del>				•			· .	<u> </u>	
						•			1	رد	
_											
				• •							
		···- · · · -									
_								· · · · · · · · · · · · · · · · · · ·	·	<del></del> ·	
				10/26/18							
Effectiv	e date, if othe	r than the date	of filing:			1611	- ab au 00 da	(options	ıl) na ) Burru	ant to 605	0207
Note: It	f the date insert	the date must be sp ed in this block d te on the Departi	oes not me	ect the appl	licable stan	atory filing	requiremen	ts, this da	te will n	ot be liste	das
ne reco The 9	ord specifies 90th day afte	a delayed effe er the record i	ective da s filed.	nte, but r	not an ef	fective tin	ne, at 12	:01 a.m	n. on th	e earlie	er of
C C	OCTOBER 26, 2	2018		,	ſ.						
Dated _			,		T.Con	2		•			
		<u></u>		1		resentative o	<u>,</u>			<del></del>	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00