## 16000107367

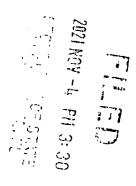
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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Y. SCOTT NOV 1 4 2021

## **COVER LETTER**

TO: Registration So Division of Con					
15ABP LL	C				
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Adriana Lopes Barros Mu	nholi			
		Name of Person			
	15ABP LLC				
	·	Firm/Company		202	
	8865 Commodity CircleSc	nite 13-102		2021 N9Y −4	<b></b>
		Address		1	1
	Orlando, FL 32819			`	الم الم الم
		City/State and Zip Code		PH 3: 30	F. Jan
	adrianamunholi@gmail.cor			E 8	
		to be used for future annual report noti	fication)		
For further information c	oncerning this matter, please c	all:			
Adriana Lopes Barros Munholi		407 9677331 at ( )			
Name o	of Person		e Telephone Number		
Enclosed is a check for t	he following amount:				
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	Cl \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Sec	ction		
Division of C	Corporations	Division of Cor	porations		
P.O. Box 632		The Centre of T		0	
Tallahassec,	nt. 52514	Z415 N. Monro	e Street, Suite 810	J	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ISABP LLC			
( <u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)		
The Articles of Organization for this Limited Liability Comp	oany were filed on State of Florida	and assign	ıed
lorida document number 1.16000107367			
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited	liability company here:	200	
PREMIUM CONSULTING AND TAX SERVICES LLC		788 <b>21</b>	¬,
he new name must be distinguishable and contain the words "Limited I	liability Company," the designation "LLC" or	the abbreviation "L.L.C	-1 ,
Inter new principal offices address, if applicable:			- <del></del>
Principal office address MUST BE A STREET ADDRESS	5)		: 
		<u> </u>	
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
3. If amending the registered agent and/or registered off	ice address on our records, <u>enter the</u>	name of the new r	<u>egis</u>
gent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Floric	da	
	City	Zip Code	

## New Registered Agent's Signature, if changing Registered Agent:

1-10-11-0

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
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			□Remove
			□ Change
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ffective date, if other than the an effective date is listed, the date must	date of filing: $\frac{116}{2}$	01/2021	(	optional)	
an effective date is listed, the date must lote: If the date inserted in this bl	st be specific and canno tock does not meet th	t be prior to date of filir ie applicable statutor	ig or more than 90 days y tiling requirement	cafter filing.) Pursual s, this date will no	nt to 605,020 t be listed a
ocument's effective date on the D	epartment of State's	records.			
			, ,	d .1	
		fective time, at 12:01	a.m. on the earlier of	M: (b) - The 90th (	tay after the
	e date, but not an eff				
I is filed.					
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record specifies a delayed effective is filed.  NOVEMBER, 0	202	·			
His filed.  NOVEMBER, 0		·	wording of a manch or		