L16000118113

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COVER LETTER

	Registration Sec Division of Corp			
SHRIEC	Big Al Sales	s LLC		
SUBJE.C	T:	Name of Lim	ited Liability Company	
The enclo	osed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspo	ndence concerning this matter	to the following:	
		Allen D. Abbott		
		-	Name of Person	•
		Big Al Sales LLC		
			Firm/Company	
		200 Lakeview Way		
		•	Address	
		Interlachen / Florida / 3214	18	
			City/State and Zip Code	•
		abbottad@gmail.com		
		E-mail address: (to be used for future annual report not	ification)
For furthe	er information co	oncerning this matter, please ca	all:	
Allen Ab			937 694-4808 at ()	
	Name of	`Person	Area Code Daytin	ne Telephone Number
Enclosed	is a check for th	e following amount:		
\$25.0	0 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

18	FIL	ED
9450A 17 A		
	18 / 18	S7:75 0-70:

Big Al Sales 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 June 20 /2016	and assigned
Florida document number L16000118113	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
Abbott Professionals LLC		
The new name must be distinguishable and contain the words "I	imited Liability Company," the designation "LLC" of	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD)	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regregistered agent and/or the new registered office as		enter the name of the new
registered agent and/or the new registered office at	auress neve.	
Name of New Registered Agent:		
		 .
New Registered Office Address:	Enter Florida street address	-
	, Flori	da Zip Code
	•	r

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 = N $AMBR = A$	1anager Authorized Member		FILED	
<u>Title</u>	<u>Name</u>	Address	SECNETARY OF	Type of Action
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Effective date, if other than the date of filing: _ If an effective date is listed, the date must be specific and car	not be prior to date of fili	(optional gor more than 90 days after file	ng.) Pursuant to 605.0207
Note: If the date inserted in this block does not mee document's effective date on the Department of State	the applicable statutor	y filing requirements, this de	ate will not be listed as
·			
ne record specifies a delayed effective dat	, but not an effec	tive time, at 12:01 a.n	n. on the earlier of
The 90th day after the record is filed.			
ml il	2018		
Dated 1//Lanl 16			
Dated May 16 Month J. Signature of a men	01/0		

Page 3 of 3

Filing Fee: \$25.00