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(City/State/Zip/Phone #)

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☐ MAIL

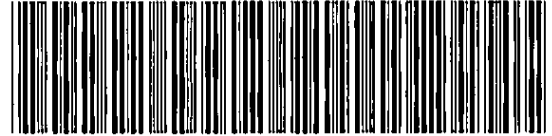
(Business Entity Name)

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TALHESSIE, FLORIDA

D. SCOTT

JAN 8 2018

1/8/17 DS

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ABRAHAM INFECTIOUS DISEASE ASSOCIATES #2 LLC

\_\_\_\_\_  
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:

FRANK RONG

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

FRANK RONG CPA LLC

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

3116 CAPITAL CIRCLE NE #3

\_\_\_\_\_  
Address

TALLAHASSEE, FL 32308

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

charlie@verygoodcpa.com

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

For further information concerning this matter, please call:

FRANK RONG

850  
at ( )

668-4925

\_\_\_\_\_  
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



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>	<u>Address</u>	<u>Type of Action</u>
MGR	SENAIT ASSEFA	6376 MALLARD TRACE DR	<input checked="" type="checkbox"/> Add
		TALLAHASSEE, FL 32312	<input type="checkbox"/> Remove
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**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.

Dated 12/26, 2016

Isma

GIZATCHEW KETSELA

**Filing Fee: \$25.00**