

L17000019057

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

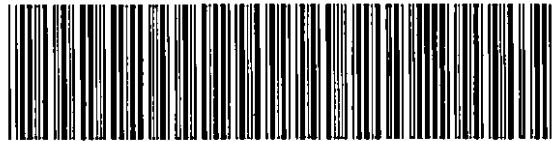
(Business Entity Name)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ABAJ INVESTMENTS2017,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:

SONIA BORTOLIN

Name of Person

BORTOLIN & ASSOCIATES,P.A.

Firm/Company

101 NE 3rd Ave., Suite 1500

Address

Fort Lauderdale FL 33301

City/State and Zip Code

Sonia@BortolinAssociates.com

E-mail address. (to be used for future annual report notification)

For further information concerning this matter, please call:

Sonia Bortolin

954

523-2223

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

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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>
AMBR	DOLKA BELISARIO	10220 NW 63 Terr, Unit 222	<input checked="" type="checkbox"/> Add
		Bldg. 7, Doral, FL 33178	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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Dated May 31ST 2018

ADOLFO JARRIN

Typed or printed name of signee