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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ABACUS LIFE SERVICES, 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:

JAY JACKSON

Name of Person

ABACUS LIFE SERVICES, LLC

Firm/Company

2101 PARK CENTER DRIVE, SUITE 170

Address

ORLANDO, FL 32835

City/State and Zip Code

JAY@ABACUSLIFE.COM

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

For further information concerning this matter, please call:

JAY JACKSON

407 988-1084
at (_____) _____
Area Code Daytime Telephone Number

Name of Person

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

DEC 11 AM 9:5

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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

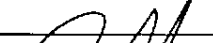
AMBR = Authorized Member

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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 FEBRUARY 11, 2022



Signature of a member or authorized representative of a member

JAY JACKSON

Typed or printed name of signer

Filing Fee: \$25.00