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	COVER LETTER
TO: Registration Section Division of Corporation	
SUBJECT: A 13 F	TI GROUPS LLC
	Name of Limited Liability Company
The enclosed Articles of An	endment and fee(s) are submitted for filing.
Please return all corresponde	ence concerning this matter to the following:
	HARLENE PARGOLIS
	Name of Person
	ABATI GROUPS LIC
	Firm/Company
	1417 Hickelson CT
	Address
	CHAMPIONS 6 A TO FC 33896 City/State and Zip Code
-	HAR GOLISMARION Q GARO. COM E-mail address: (to be used for future annual report notification)
For further information cond	erning this matter, please call:
Magian	rson Area Code Daytime Telephone Number
Name of Pe	rson ' Area Code Daytime Telephone Number
Englaced is a shoot for the	allowing amount.
Enclosed is a check for the f	moving amount.

□ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

☐ \$30.00 Filing Fee &

Certificate of Status

□ \$25.00 Filing Fee

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

\$60.00 Filing Fee,

Certificate of Status & Certified Copy (additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Fl. 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

ABATI GROUPS LLC	
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
he Articles of Organization for this Limited Liability Company were filed on 03-13-2017 and assignated and assignated assignated assignated assignated assignated as a second second second assignated as a second s	ned
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability company here:	
ABATI GROUP LLC	
ne new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C" or the abbreviation "L.L.C	J.**
nter new principal offices address, if applicable:	<u>TI</u>
Principal office address MUST BE A STREET ADDRESS)	m
	Ö.
.07.7. 17. 17. 18. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19	
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
. If amending the registered agent and/or registered office address on our records, <u>enter the name of</u> egistered agent and/or the new registered office address here:	the nev
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	
, Florida	
City Zip Code	
ew 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 = Manager

AMBR = Authorized Member Title Address Type of Action AMBR ROSANNA MARTINEZ KAND 1417 Mickelson Ct - Remove CHAMPIONS GATE FT, 33896 - Change CARLOS ANANGUREN 1417 Mickelson CT - Remove CHAMPIONS GATE FC 33896 - Change AMBR Angel CASTANEDA 1417 Mickelson Ct Remove CHAMPIONSGARE FT - Change 33896 ____ DANG □ Remove ☐ Change □ Add ☐ Remove _□ Change □ Add ☐ Remove

Change

D. If amen	ling any other information, ente	r change(s) here: //	Attach additional sheets, if n	ecessary.)	
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(If an effect Note: If	date, if other than the date of filiped date is listed, the date must be specific the date inserted in this block does not seffective date on the Department of	and cannot be prior to do at meet the applicable	ate of filing or more than 90 days at	fter filing.) Pursuant to 605	.0207 (3 (b) ed as the
If the record (b) The 9	d specifies a delayed effectiventh of the day after the record is file	e date, but not ar ed.	n effective time, at 12:01	1 a.m. on the earli	er of:
Dated	09-11-201	· 	/		
		alle.	d representative of a member	- <u>-</u>	
			Argorisman a member		
		Typed or printed na	me of signee		

Page 3 of 3

Filing Fee: \$25.00