

L17000057274

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Signature]
10/5/17

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ABATI GROUPS 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:

MARLENE MARGOLIS
Name of Person

ABATI GROUPS LLC
Firm/Company

1417 Mickelson CT
Address

CHAMPIONSGATE FL 33896
City/State and Zip Code

MARGOLISMARLENE@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARLENE MARGOLIS at (305) 5-860470
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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

ABATI GROUPS LLC

ABATI GROUP LLC

3.

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>
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AMBR	ROSANNA MARTINEZ	1417 Mickelson Ct	<input checked="" type="checkbox"/> Add
		Champions Gate FL, 33896	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

AMBR	CARLOS ANANGUREN	1417 Mickelson Ct	<input checked="" type="checkbox"/> Add
		Champions Gate FL 33896	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

AMBR	Angel CASTANEDA	1417 Mickelson Ct	<input checked="" type="checkbox"/> Add
		Champions Gate FL	<input type="checkbox"/> Remove
		33896	<input type="checkbox"/> Change
			<input type="checkbox"/> Add

			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
--	--	--	---------------------------------

			<input type="checkbox"/> Change
--	--	--	---------------------------------

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

SHARES OF ABATI group LLC

25% Angel CASTANEDA

25% MARLENE MARGOLIS

25% CARLOS ANANGOREN

25% ROSANNA MARTINEZ

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TALLAHASSEE, FLORIDA

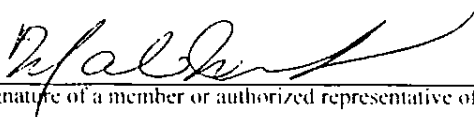
E. Effective date, if other than the date of filing: 09-11-2017 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 09-11-2017


Signature of a member or authorized representative of a member

MARLENE MARGOLIS
Typed or printed name of signer