L17000179085

| (Requestor's Name) |
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| (Nequestor 3 Name) |
| (Address) |
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| (Address) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Business Entity Name) |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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August 30, 2017

ANGELIKA BELYAKA 2677 DONGOLA ST NORT PORT, FL 34291

SUBJECT: ABDB LLC

Ref. Number: L17000179085

We have received your document for ABDB LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 917A00017951

Yasemin Y Sulker Regulatory Specialist II

www.sunbiz.org

COVER LETTER

| TO: Registration Section Division of Corporations | _ | 20 |
|--|---------------|-------------------|
| SUBJECT: ABAB LLC Name of Limited Liability Company | | OCCI TO E |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. | - | ය <u>ද</u> දරු |
| Please return all correspondence concerning this matter to the following: | - | 24 |
| ANGELIKA BELYAKA Name of Person ABAB LLC Firm/Company 3677 Rongola ST Address | | |
| North Port FL 3429/ City/State and Zip Code | | |
| City/State and Zip Code 6e yaks 6 yaha, com Estail address: (to be used for future annual report notification) | 41 | |
| For further information concerning this matter, please call: | | |
| Angelika Belyawa at (941) 2047527 Name of Person Person Area Code Daytime Telephone Number | | |
| Enclosed is a check for the following amount: | | |
| (additional copy is enclosed) Certified C | e of Status & | |

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ABAB LLC

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

| The Articles of Organization for this Limited Liability Company | were filed on 22-2017 and assigned |
|--|---|
| Florida document number <u>L 17000179 085</u> | |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liab | oility company here: |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 7 |
| (Principal office address MUST BE A STREET ADDRESS) | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 2677 DONGOLA ST NORTH POES FE 34891 |
| B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address: 3677 | ffice address on our records, enter the name of the new re: WTARS Belyans Longola S Entertroprida street address Longola S 24101 |
| Norn | linterWorlda street address PORS Florida 3429/ |

New 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.

City

Seleyaus

If Changing Registered Agent Age

Zip Code

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 **Name** <u>Address</u> Type of Action Printers Belyaks 1677 Hongda & Add

North Port FL 34296 Remove Change _D Add __□ Remove □ Remove _□ Chan**g¢** . D Reniose □ Add _□ Remove _□ Add

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| an effective da lote: If the d | te is listed, the cate inserted in | an the date of f date must be specifi i this block does i in the Department | ic and cann not meet t | not be prior t the applica | o date of fili | — 20 ng or more tha y filing requ | 1 90 days afte | onal) r tiling.) Pur s date will | suant to 605.0 not be listed | .020 :d a: |
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Page 3 of 3

Filing Fee: \$25.00 paid Ab.