

L17000222106

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200310234092

03/12/18--01043--022 **30.00

FILED
18 APR -2 PM 12:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

O SIMMONS

APR 04 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 13, 2018

OWEN JACKSON
877 W MINNEOLA AVE, #121588
CLERMONT, FL 34712

SUBJECT: 1 AAABLE LIMITED LIABILITY COMPANY
Ref. Number: L17000222106

We have received your document for 1 AAABLE LIMITED LIABILITY COMPANY and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The document number of the name conflict is L15000045511 AAABLE FINANCIAL SVCS., LLC.

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.

Stacey M Warren
Regulatory Specialist II

Letter Number: 918A00005066

RECEIVED
APR 02 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1 ADABLE LIMITED LIABILITY COMPANY NAME CHANGE
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:

OWEN JACKSON
Name of Person

1 ADABLE LIMITED LIABILITY COMPANY
Firm/Company

877 W MINNEOLA AVE, #121588
Address

CLERMONT, FL 34712
City/State and Zip Code

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

For further information concerning this matter, please call:

OWEN JACKSON at (352) 535 0472
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

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

1 AAABLE LIMITED LIABILITY COMPANY

(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 10/26/2017 and assigned
Florida document number L17000222106.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

~~AAABLE FINANCIAL SVCS, LLC~~ AAABLE SERVICES LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

877 W MINNEOLA AVENUE

UNIT 121588

CLERMONT, FL 34712

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

877 W MINNEOLA AVENUE

UNIT 121588

CLERMONT, FL 34712

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

OWEN JACKSON

New Registered Office Address:

877 W MINNEOLA AVE, 121588

Enter Florida street address

CLERMONT

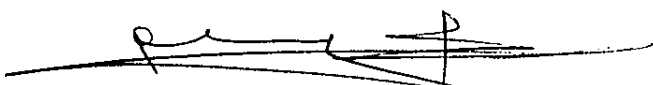
City

Florida 34712

Zip Code

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.


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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	OL JACKSON	877 W MINNEOLA AVE	<input type="checkbox"/> Add
		UNIT 121588	<input type="checkbox"/> Remove
		CLERMONT, FL 34712	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

18
APR 2 PM 12:51
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

18
APR - 2 1964
RECEIVED
SECURITY DIVISION
U.S. DEPARTMENT OF JUSTICE

FILED
APR -2 PM 12:51
SECRET
TREASURY DEPT.
WASHINGTON, D.C.
18

(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)

2.1

(b) The 90th day after the record is filed.

Dated 3/3, 2018

Signature of a member or authorized representative of a member

OWEN L JACKSON
Typed or printed name of signee