

L17000254774

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

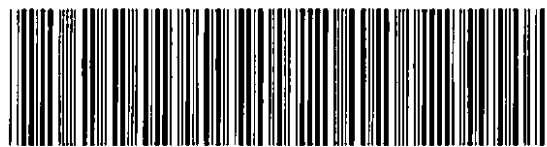
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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09/01/23--01034--008 \*\*30.00

2023 SEP -1 AM 10:16  
FILED  
CLERK

9/17/2023

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ABCOOL, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

BRYAN CLAVERIE

\_\_\_\_\_  
Name of Person

ABCOOL, LLC

\_\_\_\_\_  
Firm/Company

26420 FISHERMANS RD, SUITE A

\_\_\_\_\_  
Address

PAISLEY, FLORIDA 32767

\_\_\_\_\_  
City/State and Zip Code

INFO@NTATRAININGSOLUTIONS.COM, INFO@ABCCOOLSERVICES.COM

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

For further information concerning this matter, please call:

TONYA PEREZ

407 666-8820  
at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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 Address:**

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

2023 SEP -1 AM 10:16

(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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
SECRET.	LATREISHA <i>Reese</i>	26420 FISHERMAN RD, SUITE A, PAISLEY, FL 32'	<input type="checkbox"/> Add
		26420 FISHERMAN RD, SUITE A, PAISLEY, FL 32'	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	JOSHUA A CLAVERIE	25420 FISHERMAN RD SUITE A, PAISLEY, FL 327	<input type="checkbox"/> Add
		26420 FISHERMAN RD, SUITE A, PAISLEY, FL 32'	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	WINYFREDO RIOS	26420 FISHERMAN RD SUITE A, PAISLEY, FL 327	<input checked="" 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

[illegible]

(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)

**Filing Fee: \$25.00**