## L17000254774

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PICK-UP	WAIT	MAIL
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of 9/17/2013

## COVER LETTER ,

TO:

TO: Registration Se Division of Cor			•
ABCOOL,	LLC		
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filling.	
Please return all correspo	ondence concerning this matter	to the following:	
	BRYAN CLAVERIE		
		Name of Person	-M-
	ABCOOL LLC		
		Firm/Company	
	26420 FISHERMANS RD	). SUITE A	
		Address	
	PAISLEY, FLORIDA 327	67	
		City/State and Zip Code	
	-	OLUTIONS.COM, INFO@ABCC to be used for future annual report not	
For further information c	oncerning this matter, please c	·	meanon
TONYA PEREZ		407 666-8820 at ()	
Name o	d Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he 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 Addres	<u>·s:</u>	Street Address:	
Registration 5	Section	Registration Sc	
Division of C P.O. Box 632	•	Division of Co The Centre of	•
Tallahassee, I			ne Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 SEP - 1 AM 10: 16

ABCOOL, LLC				
(Name of the Limited Liability Compan (A Florida Limited Lia	y <u>as it now appears on our records.)</u> ability Company)	131		
The Articles of Organization for this Limited Liability Company w Florida document number L17000254774	vere filed on 12/13/2017	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability	ity company here:			
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or th	ne abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	ldress on our records, <u>enter the r</u>	name of the new registered		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	Florida	Lip Code		
New Registered Agent's Signature, if changing Registered Agent:	Cay	Zip Code		
<del></del>				
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr	erformance of my duties, and I a	ım familiar with and		

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>	Address	Type of Action
SECRET.	LATREISHA Reese	26420 FISHERMAN RD, SUITE A, PAISLEY, FL	
		26420 FISHERMAN RD, SUITE A. PAISLEY, FL	32'   Remove
		· · · · · · · · · · · · · · · · · · ·	
VP	JOSHUA A CLAVERIE	25420 FISHERMAN RD SUITE A, PAISLEY, FL	
		26420 FISHERMAN RD, SUITE A, PAISLEY, FL	
			[]Change
VP	WINYFREDO RIOS	26420 FISHERMAN RD SUFTE A, PAISLEY, FL	327 <b>=</b> Add
			Remove
			□Change
			□Add
			□Remove
			□Remove
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Iffective date, if fan effective date is	noted, the date man	oc specific and	a cultifor the june.	TO MAKE OF THIS E.	or more than 90 d	(optional)  ays after filing.)  nts, this date	Pursuant to 605.0. will not be listed

1. 1. 1. 1.

Typed or printed name of signee

Signature of a member of authorized representative of a member

WINYFREDO RIOS, VICE PRESIDENT