## 1180000 80491

(Requestor's Name)
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<u>_</u>
PICK-UP WAIT MAIL
(S. James Fakir, Nama)
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

TO: Registration S Division of Co			
	BUILDINGS LLC	•	
SUBJECT:			
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	ALEJANDRO BESPALK	.0	
		Name of Person	
	ABONIM BUILDINGS L	LC	
		Firm/Company	<del></del>
	5283 SW 33RD WAY		
		Address	
	FORT LAUDERDALE, F	L, 33312	
	MANAG770@GMAIL.CC	City/State and Zip Code 9M	
	E-mail address: (	to be used for future annual report notif	ication)
For further information	concerning this matter, please e	all:	
ALEJANDRO BESPALKO		954 8548556 at()	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		
S25.00 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)

TO:

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

FILED

2018 NOV 30 AM 9: 28

ABONIM BUILDINGS LLC

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

(A Florida Limited Liability Company)

IALLAGASSEE, FL

The Articles of Organization for this Limited Liabi	ility Company were filed on 03/29/2018	and assigned	
Florida document number L18000080491	<u>.</u>		
This amendment is submitted to amend the following	ing:		
A. If amending name, enter the new name of th	re limited liability company here:		
The new name must be distinguishable and contain the word	ls "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."	
Enter new principal offices address, if applicabl	le:		
(Principal office address MUST BE A STREET A			
Enten ann meille and durant if an Bankla			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, e address here:	enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
_	, Flor	rida	
	City	Zip Code	
New Registered Agent's Signature, if changing Regi	istered 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>	Address	Type of Action
AMBR	DASBE PROPERTIES 3 LLC	5283 SW 33RD WAY	
———			
		FT LAUDERDALE, FL 33312	
			■ Remove
			Change
	DASBE PROPERTIES GROUP	2020 NE 163 ST SUITE 108	
AMBR	LLC		■ Add
		NORTH MIAMI BEACH, FL,	
		33162	□ Remove
			Change
			O Change
			☐ Remove
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r re	ctive date, if other than the	data of Citings	(antianal)
(If an e <u>Note</u>	effective date is listed, the date must	be specific and cannot be prior to date of t ck does not meet the applicable statut	(optional) iling or more than 90 days after filing.) Pursuant to 605.0207 (3) tory filing requirements, this date will not be listed as the
	ecord specifies a delayed e 90th day after the reco		ective time, at 12:01 a.m. on the earlier of:
Date	d NOVEMBER 26	2018	
		Signature of a member or authorized repro	<i>#</i>
		Summing of a might be authority	c///
	:	signature of a memoey or authorized repre	esentative of a member

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Typed or printed name of signce

Filing Fee: \$25.00