# L18000087830

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SECRETARY OF STATE

OIVISION OF CORPORATIONS

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## **COVER LETTER**

то:	Registration Sec Division of Corp			
eun ur	ABACO ST	REET LLC		
SUBJEC	-1: <u> </u>	Name of Lim	ited Liability Company	
The encl	osed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all correspoi	ndence concerning this matter	to the following:	
		MYRA NICHOLSON		
			Name of Person	
		MYRA NICHOLSON, PA		
			Firm/Company	
		390 N. ORANGE AVE., S	UITE 750	
			Address	
		ORLANDO, FL 32801		
			City/State and Zip Code	
		MNICHOLSON@IAAC.CO	OM to be used for future annual report notific	cation
For furth	ner information co	oncerning this matter, please ca	•	caroni
MYRA	NICHOLSON		407 254-1582	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	d is a check for th	e 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

ABACO STREET 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 APRIL 6, 2018 and assigned Florida document number \_\_L18000087830 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 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: New Registered Office Address: Enter Florida street address

#### 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

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
MGR/P	CINDY COFRANCESCO	1224 GUERNSEY STREET	
		ORLANDO. FL 32804	Remove
			Change
MGR/P	MYRA NICHOLSON	390 N. ORANGE AVENUE	
		SUITE 750	■ Remove
		ORLANDO, FL 32801	
			Add
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ffective date, if other than the data an effective date is listed, the date must be ote: If the date inserted in this block ocument's effective date on the Department.	e specific and cann t does not meet	the applicable	date of filing or me statutory filing	ore than 90 days aft	tional) er filing.) Pursuant to nis date will not be	605.020 listed a
record specifies a delayed e The 90th day after the recor		, but not a	n effective t	ime, at 12:01	a.m. on the ea	arlier c
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Page 3 of 3

Filing Fee: \$25.00