

418000096515

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

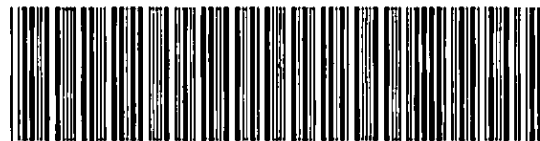
(Business Entity Name)

(Document Number)

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18 NOV 13 PM 3:43  
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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Shalom ABA Services LLC  
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:

Claudia Usme  
Name of Person

ABBA Services Group LLC  
Firm/Company

2234 N Federal Hwy Ste 1163  
Address

Boca Raton FL 33431  
City/State and Zip Code

USme7777@GMAIL.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Claudia Usme at (786) 2779449  
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

18 NOV 13 PM 3:43

RECEIVED  
DIVISION OF STATE  
CORPORATIONS

TO  
ARTICLES OF ORGANIZATION  
OF

SHALOM ABA Services LLC

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

NOT RECORDED  
18 APR 13 PM 3:43  
STATE OF FLORIDA  
DEPARTMENT OF REVENUE

The Articles of Organization for this Limited Liability Company were filed on 04-17-18 and assigned  
Florida document number W18000035945.

This amendment is submitted to amend the following:

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

ABBA Services Group 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)

2234 N Federal Hwy Ste 1163  
Boca, Raton FL 33431

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

\_\_\_\_\_, Florida \_\_\_\_\_  
City 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

[illegible]

[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)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

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

John C. ...

Claudia Usme