

L18 000128549

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

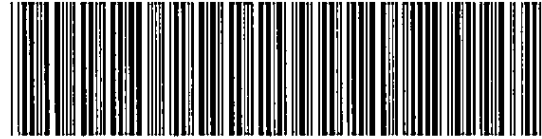
(Document Number)

Certified Copies _____ Certificates of Status _____

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10/5/2021
TM

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09/27/21--01015--029 **25.00

21 SEP 27 PM 3:11

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ABBA PROPERTY SOLUTIONS, 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:

Sarah Hoffman

Name of Person

Eavenson, Fraser & Lunsford, PLLC

Firm/Company

4230 Pablo Professional Court, Suite 250

Address

Jacksonville, FL 32224

City/State and Zip Code

sarah@efli.law

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

For further information concerning this matter, please call:

Sarah Hoffman

904

425-9975

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

SEP 27 PM 3: 11

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

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

(Principal office address MUST BE A STREET ADDRESS)

(Mailing address MAY BE A POST OFFICE BOX)

Jacksonville, FL 32202

Zip Code

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:

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MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
CEO	CRAIG HENDERSON	6963-1 BUSINESS PARK BOULEVARD N.	<input type="checkbox"/> Add
		JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
CEO	John J. Keitzer	219 N. Newnan Street, Floor 3	<input checked="" type="checkbox"/> Add
		Jacksonville, FL 32202	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
PRES	Thomas Novak	219 N. Newnan Street, Floor 3	<input type="checkbox"/> Add
		Jacksonville, FL 32202	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MEMBER / PRINCIPAL	Richard A. Caplin	219 N. Newnan Street, Floor 3	<input type="checkbox"/> Add
		Jacksonville, FL 32202	<input type="checkbox"/> Remove
			<input checked="" 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)

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.

Thomas R. Moore

Thomas Novak

Filing Fee: \$25.00