118000250747

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I ALBRITTON

COVER LETTER

TO: Registration Section Division of Corporations	•
Abate Organics LLC SUBJECT:	
	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Ch	nange and fee(s) are submitted for filing.
Please return all correspondence concerning this mate	ter to the following:
Christianne Ramelb	
Name of Person	
Abate Organics	
Firm/Company	
55 SW 9th ST unit 2103	
Address	
miami fl 33130	
City/State and Zip Code	
michaelwalding@gmail.com	
E-mail address: (to be used for future annual re	port notification)
For further information concerning this matter, please	e call:
michael walding	904-735-2688
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amou	int:
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	



January 17, 2019

CHRISTIANNE RAMELB ABATE ORGANIXS LLC 55 SW 9TH ST - UNIT 2103 MIAMI, FL 33130

SUBJECT: ABATE ORGANICS LLC

Ref. Number: L18000250747

We have received your document for ABATE ORGANICS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person designated as registered agent in the document and the person signing as registered agent must be the same.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 519A00001404



STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1.	Name of the limited liability company: Abate Organi	ics LLC	
2. (a	55 sw 9th st	(b) 55 sw 9th st	
z. (u	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	:
	unit 2103	unit 2103	
	miami fl 33130	miami fl 33130	
	10/24/2018	L18000250747	
3.	Date of filing/registration in Florida	4. Document number	
5. (a	Michael Walding		
J. (u)	Registered Agent and Registered Office shown on the records of 55 sw 9th st	f the Florida Dept. of State:	
	Registered Office Address (MUST BE FLORIDA STREET unit 2103	1 33130 28 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	miami, FI	L33130	
/ L	Christianne Ramelb	28	7 -
(b	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office address:	
	55 sw 9th st	35	
	NEW Registered Office Address:	·	
	unit 2103		
	miami , FI	L33130	
the clagent was/v the ar	nange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li	iws of the State of Florida, it is hereby confirmed that after the registered office and the business office of the registrability company, it is hereby confirmed that the change(s of the limited liability company or as otherwise provided the limited liability company. Christianne Ramelb Printed or typed name of signee	stered s)
I her provi the or to me notifi	eby accept the appointment as registered agent and ag	tree to act in this capacity. I further agree to comply with a performance of my duties, and I am familiar with and act for in Chapter 605, F.S. Or, if this document is being hereby confirm that the limited liability company has been a family and the limited liability and liabi	i the ccept filed en