

L18000 284 889

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

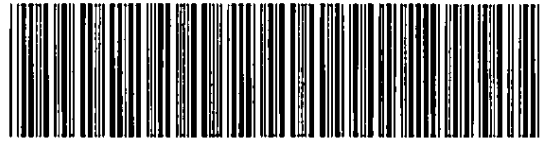
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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State of Tennessee
Hall County Clerk's Office

DEC 1 9 2019

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: L18000284889

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:

JOSEMON THATHAMKULAM

Name of Person

ABE LIQUOR STORE, LLC.

Firm/Company

1293 N. CHURCH AVE.

Address

MULBERRY, FL. 33860

City/State and Zip Code

BASSAMJ2007@YAHOO.COM

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

For further information concerning this matter, please call:

JOSEMON THATHAMKULAM

813 787-1053
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ABE LIQUOR STORE, 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 12/18/2018 and assigned
Florida document number L18000284889.

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 "L.L.C."

Enter new principal offices address, if applicable:

1293 N. CHURCH AVE.

(Principal office address MUST BE A STREET ADDRESS)

MULBERRY, FL. 33860

1293 N. CHURCH AVE.

MULBERRY, FL. 33860

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:

JOSEMON THATHAMKULAM

New Registered Office Address:

1293 N. CHURCH AVE.

Enter Florida street address

MULBERRY

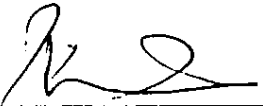
Florida 33860

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

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>	<u>Address</u>	<u>Type of Action</u>
MGR	JOSEMON THATHAMKULAM	1293 N. CHURCH AVE.	<input checked="" type="checkbox"/> Add
		MULBERRY, FL. 33860	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JOSEMON THATHAMKULAM	806 N. CHURCH AVE.	<input type="checkbox"/> Add
		MULBERRY, FL. 33860	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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CLERK OF DISTRICT COURT
1911

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

19 NOV 18 AM 10:51
FILED
TALLAHASSEE, FL
CLERK OF SUPERIOR COURT

11/01/2019

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated 11/01, 2019



Signature of a member or authorized representative of a member

JOSEMON THATHAMKULAM

Typed or printed name of signee