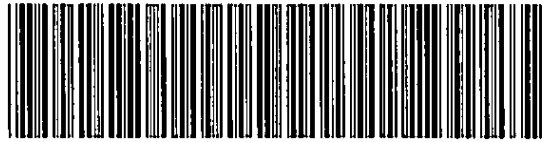


4900 27649



200329407912

(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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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 20 2019  
S. YOUNG



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 11, 2019

BRIAN PABIAN  
THE LAW OFFICES OF BRIAN PABIAN  
1500 WESTON ROAD STE 200  
WESTON, FL 33326-3264

SUBJECT: ABELLA LANDING LLC  
Ref. Number: L19000127649

We have received your document for ABELLA LANDING 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):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

The capacity of the person signing the document must be typed or printed beneath or opposite the signature.

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.

Shelia H Young  
Regulatory Specialist II

Letter Number: 119A00011679

RAVAN & COMPANY

Ravan & Company  
MEMBERS OF:  
*American Institute of Certified Public Accountants*  
*Florida Institute of Certified Public Accountants*

May 20<sup>th</sup>, 2019

Registration Section  
Division of Corporation  
PO BOX 6327  
Tallahassee, FL 32314

Re: Abella Lending LLC  
Articles of Amendment

To whom it may concern:

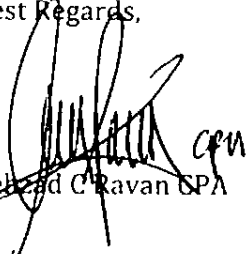
My name is Behzad C Ravan, and I am the Certified Public Accountant of the client mentioned above. This letter is to request the change on the name for the Limited Liability Company. Please find enclosed the following documents:

- Articles of Amendment to Articles of Organization
- Check payable to the Florida Department of State

Please adjust your records accordingly and let us know if anything else is needed.

Thank You

Best Regards,



Behzad C Ravan CPA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ABELLA LANDING 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:

ABELLA, LUISA, R.  
Name of Person

ABELLA LENDING LLC  
Firm/Company

163 SW 28TH ROAD  
Address

MIAMI, FL 33129  
City/State and Zip Code

~~REBECCA.ABELLA@FAIRWAYMC.CP,~~ abella.rebecca11@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BEHZAD CESAR RAVAN, CPA      786      574-2367  
Name of Person      at (      )      Daytime Telephone Number  
Area Code

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**

REBECCA LANDING 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 MAY 10, 2019 and assigned Florida document number \_\_\_\_\_.

This amendment is submitted to amend the following:

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

ABELLA LENDING, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

163 SW 28TH ROAD

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FL 33129

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED  
19 JUN 19 AM 9:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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*

City

Florida

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	ABELLA, LUISA, R	163 SW 28TH ROAD MIAMI, FL 33129, US	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.


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 06/19/19



Signature of a member or authorized representative of a member

CESAR RAVAN CPA

Typed or printed name of signer