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SECRETARY OF STATE

A. BUTLER APR 1 0 2022

COVER LETTER

Division of Corporations					
SUBJECT: Our Abundant Life LLC Name of Foreign Limited Liability Company					
Dear Sir or Madam:					
The enclosed application, certificate and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Josiani Stewart Name of Person					
Our Abundant Life LLC Firm/Company					
6110 Sandcrest Cir Address					
Orlando FZ 32819 City/State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call: TOSIGNI SHUAT at (40+) 716 1562 Name of Person Area Code & Daytime Telephone Number					
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303					
Enclosed is a check for the following amount: \$25 Filing Fee \$30 Filing Fee & \$55 Filing Fee & \$60 Filing Fee, Certificate of Status Certified Copy CR2E055 (9/15) \$ CR2E055 (9/15)					

COVER LETTER

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TO: Registration Section

Certificate of Status Certified Copy (additional copy is enclosed) Certificate of Status Certified Copy (additional copy is enclosed) Certificate of S	SUBJECT:	Many of Line	ind Linklin Commons			
Please return all correspondence concerning this matter to the following: JOSIANI STEWART		Name of Lim	неа ставину Сотрапу			
Name of Person OUR ABUNDANT LIFE LLC Firm/Company 6110 SANDCREST CIR Address ORLANDO/FLORIDA 32819 City/State and Zip Code JOSIGABRIEL@HOTMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JOSIANI STEWART Name of Person Address Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$\begin{align*} \text{S25.00 Filing Fee} \text{S30.00 Filing Fee} & \text{Certified Copy} & Certified Co	The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
OUR ABUNDANT LIFE LLC Firm/Company 6110 SANDCREST CIR Address ORLANDO/FLORIDA 32819 City/State and Zip Code JOSIGABRIEL@HOTMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JOSIANI STEWART Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$\insertmless{25.00}\$ Filing Fee \$\instruction{\text{S55.00}}\$ Filing Fee & Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is affactored door ment) Mailling Address: Registration Section Division of Corporations P.O. Box 6327 The Centre of Tallahassee	Please return all correspo	ndence concerning this matter	to the following:			
OUR ABUNDANT LIFE LLC Firm/Company 6110 SANDCREST CIR Address ORLANDO/FLORIDA 32819 City/State and Zip Code JOSIGABRIEL@HOTMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JOSIANI STEWART Name of Person Enclosed is a check for the following amount: \$\insertmigs\$ \$25.00 \text{ Filing Fee} \text{ \$30.00 \text{ Filing Fee} & \text{ \$55.00 \text{ Filing Fee} & \text{ \$60.00 \text{ Filing Fee} & \text{ \$Certificate of Status} \text{ \$Certificate of Status} \text{ \$Certified Copy (additional copy is enclosed)} \text{ \$Certified Copy (additional copy is affected document)} \text{ \$Affected document} \text{ \$Mailing Address:} \text{ \$Registration Section} \text{ \$Division of Corporations} \text{ \$P.O. Box 6327} \text{ The Centre of Tallahassee}		JOSIANI STEWART				
Firm/Company 6110 SANDCREST CIR Address ORLANDO/FLORIDA 32819 City/State and Zip Code JOSIGABRIEL@HOTMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JOSIANI STEWART Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$\begin{array}{cccccccccccccccccccccccccccccccccccc			Name of Person			
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Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$\begin{align*} \text{\$\text{\$\text{S}}} \$\text{\$	JOSIANI STEWART					
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Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	Tallahassee, I	FL 32314				

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OUR ABUNDANT LIFE LLC

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

(A rionda Limited L	Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 08/13/2019	and assigned
Florida document number L19000206047		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)		·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter the</u>	name of the new registered
New Registered Office Address:		
	Enter Florida street address	
	, Florid	a
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I provided for in Chapter 605, F.S.	am familiar with and Or, if this document is
If Char	nging Registered Agent, Signature of Ne	w 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>	Address	Type of Action
MGR	BORIS CAMPOS	6110 SANDCREST CIR, ORLANDO FL 32819	= Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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fan effective date i <u>Vote:</u> If the date locument's effec	inserted in this b	olock does no	t meet the app	licable statut	iling or more tha tory filing requ	n 90 days after fi irements, this o	tal) ling.) Pursuant to 60 date will not be li	05.0207 sted as
record specifies d is filed.	a delayed effecti	ve date, but n	iot an effectiv	e time, at 12:	01 a.m. on the	earlier of: (b)	The 90th day af	ter the
Dated MARCH 2	9		2022	··	i			
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Filing Fee: \$25.00

MARCH 29, 2022

RECEIVED

2022 APR -5 AM 11: 45

SECRETARY TEMATE TALEAMASSEE, FE

ATTN: ANISSA BUTLER

PLEASE, THIS IS MY SECOND ATTEMPT TO AMEND MY LLC. I HAVE PAID ALREADY THE \$25,00 FEE, AS YOU CAN SEE ON YOUR RECORDS AND ON THE ATTACHED DOCUMENT WITH MY CHECK PICTURE THAT WAS TAKEN FROM MY BANK ACCOUNT.

AFTER CALLING TODAY AND HAVING THE CHANCE TO SPEAK TO A CUSTOMER SERVICE AT YOUR DEPARTMENT, I WAS TOLD THAT MY REQUEST WAS DECLINED TODAY, BY YOU, BECAUSE OF INSTEAD FILING A FLORIDA LLC AMENDMENT FORM REQUEST, I HAVE SENT A FOREIGN LLC AMENDMENT FORM REQUEST.

SO HERE IS MY CORRECT AMENDMENT REQUEST, HOPEFULY IT'S THE CORRECT ONE.

SINCERELY,

JOSIANI STEWART

Transaction Details

-\$25.00

CHECK #180

Transaction Date	03/16/2022
Posted Date	03/16/2022
Transaction Type	Check
Reference Number	2900896311
Check Number	180
Front Check Image	>
Back Check Image	>

Attach Receipt

Check #180 Front check Image

Front Back

Front Back

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March 28, 2022

JOSIANI STEWART 6110 SANDCREST CIR ORLANDO, FL 32819 US

SUBJECT: OUR ABUNDANT LIFE LLC

Ref. Number: L19000206047

We have received your document for OUR ABUNDANT LIFE 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 form you submitted is for a FOREIGN LIMITED LIABILITY COMPANY, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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.

Letter Number: 522A00007236

Anissa Butler Regulatory Specialist II

www.sunbiz.org