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DIRECTOR'S OFFICE  
DIVISION OF REVENUE  
STATE OF ALABAMA  
TALLAHASSEE, FLORIDA

# COVER LETTER

O: Registration Section  
Division of Corporations

SUBJECT: Fullness of life ABA Services 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:

Ana Silva  
Name of Person

Fullness of life ABA Services LLC  
Firm/Company

6925 Lake Ellenor Dr. Suite 102 A  
Address

Orlando - FL 32809  
City/State and Zip Code

Lucero27352@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ana Silva at (305) 2401835  
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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Fullness of life ABA Services LLC

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

23: 27 11, 09

The Articles of Organization for this Limited Liability Company were filed on 01/08/2020 and assigned  
Florida document number L20000014928

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:

Principal office address MUST BE A STREET ADDRESS

6925 Lake Ellenor Dr

Suite 102 A

Orlando - FL 32809

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:

Mayassar Thaiwat Nasser

New Registered Office Address:

6925 Lake Ellenor Dr, Suite 102 A

Enter Florida street address

Orlando

City

Florida

32809

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.

Mayassar T. Nasser

If Changing Registered Agent, Signature of New Registered Agent

[illegible]

[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.

Dated 11/27 2023

Mayassar T. Nasser  
Signature of a member or authorized representative of a member

Mayassar Nasser.  
Typed or printed name of signee.