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(Requestor's Name)
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PICK-UP WAIT MAIL
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COVER LETTER

TO: Registration S Division of Co			
ABNER-F SUBJECT:	REDERICK SOLUTIONS, LL	C	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	LA SHAUNDIA ABNER		
		Name of Person	·
	ABNER-FREDERICK SC	DLUTIONS, LLC	
		Firm/Company	
	9838 OLD BAYMEADOV	WS RD #348	
		Address	
	JACKSONVILLE, FL 322	256	
		City/State and Zip Code	
	LASHAUNDIA.ABNER@		
	E-mail address: (to be used for future annual report notific	cation)
For further information of	concerning this matter, please c	all:	
LA SHAUNDIA ABNE	R	904 525-3939	
Name o	f Person		Telephone Number
Enclosed is a check for the	he 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 Addres Registration S		Street Address:	ion
Division of C		Registration Sect Division of Corpo	
P.O. Box 632	27	The Centre of Ta	llahassee
Tallahassee, I	FL 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ABNER-FREDERICK SOLUTIONS LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000258462</u> .	were filed on AUGUST 20, 2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbi	reviation "L.L.C."
inter new principal offices address, if applicable:		20 2
Principal office address MUST BE A STREET ADDRESS)		
	- <u> </u>	및 의 기
nter new mailing address, if applicable:	9838 OLD BAYMEADOWS RD #348 -	<u> 구</u>
Mailing address MAY BE A POST OFFICE BOX)	JACKSONVILLE. FL 32256	1)
		25
. If amending the registered agent and/or registered office gent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter the name</u>	of the new registe
New Registered Office Address:	Enter Florida street address	 _
	, 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 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
AMBR	LA SHAUNDIA C. ABNER	7901 BAYMEADOWS CIR E #493	■ Add
		JACKSONVILLE, FL 32256	□Remove
			□Change
			□Add
			🗀 Remove
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on effective date is listed, ote: If the date inserte	r than the date of fil the date must be specific and and in this block does no te on the Department of	and cannot be prior to t meet the applica	o date of filing or me	(option than 90 days after requirements, this	onal) filing.) Pursuant to 605,020 date will not be listed a
ecord specifies a delay is filed.	ed effective date, but n	ot an effective tin	ne, at 12:01 a.m. c	n the earlier of: (b)	The 90th day after the
september 24		- · 2020	<i>7</i> · _		
		(. – / 1			
-	Signature of	a member of anuhor			- <u>-</u> -

Filing Fee: \$25.00