

L200000360245

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

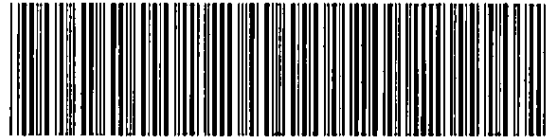
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900421354279

01/05/24--01027--007 **25.00

01/25/24 KH

2024 JAN -5 PM 2:07
STATE
FL

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ABI EQUITY PARTNERS 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:

ART PAPASTAVROS

Name of Person

ABI EQUITY PARTNERS LLC

Firm/Company

2370 SW 131 TERRACE

Address

DAVIE, FL. 33325

City/State and Zip Code

abidevelopment@aol.com

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

For further information concerning this matter, please call:

ART PAPASTAVROS

Name of Person

at (954)

Area Code

608-0334

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's
(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

FILED
2024 JAN -5 PM 2:07
STATE

ABI EQUITY PARTNERS LLC

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>
AMBR	JAMES PAPASTAVROS	2370 SW 131 TERRACE	<input type="checkbox"/> Add
		DAVIE, FL 33325	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	JOANNA PAPASTAVROS	2370 SW 131 TERRACE	<input type="checkbox"/> Add
		DAVIE, FL 33325	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input 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
			<input type="checkbox"/> Change

FILED
2025 JAN 28 PM 3:08
CLERK OF DISTRICT COURT
DADE COUNTY, FL

2024 JAN -5 PM 2
CECILIA
TALL

FILED
2024 JAN -5 PM 2:08
CLERK OF DISTRICT COURT
STATE OF TEXAS
COUNTY OF DALLAS

(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.

Dated JANUARY 2, 2024

Cent Pages

Signature of a member or authorized representative of a member

ART PAPAS: A VROS

Typed or printed name of signee