

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H210002430913)))



H210002430913ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number :

: (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 12000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please

Email Address:__

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ABANA DEVELOPMENT, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

FILED

021 JUN 21 PM 4: 1



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability	Company as it now a	ppears on our records)	
	mited Liability Com		
The Articles of Organization for this Limited Lia	ability Company we	re filed on 06/19/2021 and a	ssi gn ed
Florida document number <u>L21000010186</u> .			22
This amendment is submitted to amend the fo	ellowing:		JUN 21
A. If amending name, enter the new na	ime of the limited l	lability company here:	,
The new name must be distinguishable and endesignation "LLC" or the abbreviation "L.L.C.".		Limited Liability Company	PN 10: 13
Enter new principal officers address, if applica (Principal office address MUST BE A STREET AL			
			 ,
B. If amending the registered agent and		ice address on our records, <u>e</u> stered office address here:	enter the
name of the new registered agent at			
-			
Name of the new registered agent at Name of New Registered Agent: New Registered Office Address:	<u> </u>		
Name of New Registered Agent:	Enter Florid	a Street Address . Florida	

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 608, 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

...

C. If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Mana MGRM= Mai	ager naging Member		
<u>Title</u>	Name	<u>Address</u>	Type of . <u>Actlon</u>
AMBR	ENLYS ESCALONA SOSA	14260 Graves Dr Mlami, FL 33176	(')Add (X)Remove
11.1. 11.1.			()Add ()Remove
			7,
	· · · · · · · · · · · · · · · · · · ·		{ })Add { })Remove
<u></u>			: ()Remove
	· · · · · · · · · · · · · · · · · · ·		1
	mending any other information, enter change (s) here		f necessory.)
			2021 JU SECRE
Dated <u>06/19</u> ,	- Time		UN 21 PH ID: IX

Page 2 of 2