

L21000063000

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

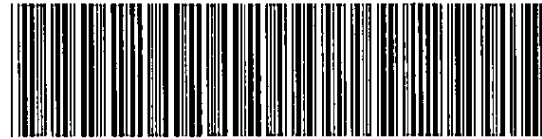
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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S.C.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ABRAM FAMILY TREE INVESTMENT NETWORK 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:

STEVEN THOMAS

Name of Person

ABRAM FAMILY TREE INVESTMENT NETWORK LLC

Firm/Company

20020 NW 14TH COURT STE A

Address

MIAMI, FL 33169

City/State and Zip Code

CSRTABS@GMAIL.COM

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

For further information concerning this matter, please call:

VELONA LAWRENCE

786

505-1342

at ()

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

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ABRAM FAMILY TREE INVESTMENT NETWORK LLC

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

The Articles of Organization for this Limited Liability Company were filed on 02/05/2021 and assigned
Florida document number 1.21000063000

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:

20020 NW 14TH COURT STE A

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FL 33169

Enter new mailing address, if applicable:

20020 NW 14TH COURT STE A

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI, FL 33169

CSRTABS@GMAIL.COM

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:

New Registered Office Address:

Enter Florida street address

Florida

City

2021

Zip Code

33169-8

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 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	VELONA LAWRENCE	550 FISHERMAN STREET #1095	<input checked="" type="checkbox"/> Add
		OPA-LOCKA, FLORIDA 33054	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARCUS ESTES	5524 MARBUT FOREST COURT	<input checked="" type="checkbox"/> Add
		LITHONA, GA 30058	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	KENROY POWELL	20020 NW 14TH COURT STE A	<input type="checkbox"/> Add
		MIAMI, FL 33169	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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Shiloh

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(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.

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

APRIL 5 2021

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

STEVEN THOMAS

Typed or printed name of signee

2021 APR - 8 A 1:45