

K21000 350 270

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

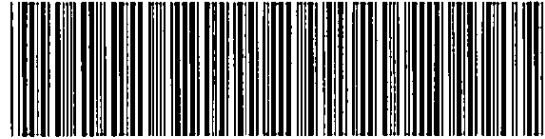
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Amendment

Office Use Only



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11/12/21

T.A.S.

RECORDS SECTION  
FALL ARLISS F. FLORIDA  
2021 NOV -5 AM 10:01

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ABABEL 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:

Liutmila Perez Rodriguez  
Name of Person

Renee P  
Firm/Company

616 Saint Lucie Ln  
Address

Orlando, Florida, 32807  
City/State and Zip Code

liuabel2011@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Liutmila Perez Rodriguez at (407) 458 3272  
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



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

Title                      Name                                      Address                                      Type of Action

MGR      Liutmila Perez Rodriguez      616 Saint Lucie Ln, Orlando, FL, 32807       Add

\_\_\_\_\_                                      \_\_\_\_\_                                      \_\_\_\_\_                                       Remove

\_\_\_\_\_                                      \_\_\_\_\_                                      \_\_\_\_\_                                       Change

\_\_\_\_\_                                      \_\_\_\_\_                                      \_\_\_\_\_                                       Add

\_\_\_\_\_                                      \_\_\_\_\_                                      \_\_\_\_\_                                       Remove

\_\_\_\_\_                                      \_\_\_\_\_                                      \_\_\_\_\_                                       Change

\_\_\_\_\_                                      \_\_\_\_\_                                      \_\_\_\_\_                                       Add

\_\_\_\_\_                                      \_\_\_\_\_                                      \_\_\_\_\_                                       Remove

\_\_\_\_\_                                      \_\_\_\_\_                                      \_\_\_\_\_                                       Change

\_\_\_\_\_                                      \_\_\_\_\_                                      \_\_\_\_\_                                       Add

\_\_\_\_\_                                      \_\_\_\_\_                                      \_\_\_\_\_                                       Remove

\_\_\_\_\_                                      \_\_\_\_\_                                      \_\_\_\_\_                                       Change

\_\_\_\_\_                                      \_\_\_\_\_                                      \_\_\_\_\_                                       Add

\_\_\_\_\_                                      \_\_\_\_\_                                      \_\_\_\_\_                                       Remove

\_\_\_\_\_                                      \_\_\_\_\_                                      \_\_\_\_\_                                       Change

\_\_\_\_\_                                      \_\_\_\_\_                                      \_\_\_\_\_                                       Add

\_\_\_\_\_                                      \_\_\_\_\_                                      \_\_\_\_\_                                       Remove

\_\_\_\_\_                                      \_\_\_\_\_                                      \_\_\_\_\_                                       Change

2021 NOV -5 AM 10: 01  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Liutmila Perez Rodriguez

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

Multiple horizontal lines for amending information.

2021 NOV -5 AM 10:01  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED

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 November 1, 2021  
11/01/2021

*Renez*

Signature of a member or authorized representative of a member

Liutmila Perez Rodriguez

Typed or printed name of signee

Filing Fee: \$25.00