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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				
Rerep				
Firm/Company				
616 Saint Lucie Ln				
Address				
Orlando, FLORIda, 32807				
Orlando, FLORIda, 32807 City/State and Zip Code Liuabel 2011 @ gmail. Com E-mail address: (to be used for future angual report notification)				
For further information concerning this matter, please call:				
Living Perez Rodriguez at 407 4583272 Name of Person Area Code Daytime Telephone Number				
Name of Person Area Code Daytime Telephone Number				
Enclosed is a check for the following amount:				
S25.00 Filing Fee Scrifficate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
Mailing Address: Street Address:				
Registration Section Registration Section				
Division of Corporations P.O. Box 6327 Division of Corporations The Centre of Tallahassee				
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ABABEL 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 <u>08/03/2021</u> and assigned Florida document number <u>L21000350278</u>
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:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
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 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 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>	Address	Type of Action
MGR	Liutmila Perez Rodrigu	vez 616 Saint Lucie In, Orland FL, 32807	D,XAdd
			□Remove
			□Change
			□Add
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			□Remove
			□Change
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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	202:
	2021 NOV
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	mc Z
E. Effective date, if other than the date of filing:	605.0207 (3)(b) :: (5)
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 a record is filed.	after the
november 1, 2021	
Dated 11 01 2021	
Signature of a member or authorized representative of a member	n
Liutmila Perez Rodriguez	_
Typed or printed name of signee	

Filing Fee: \$25.00