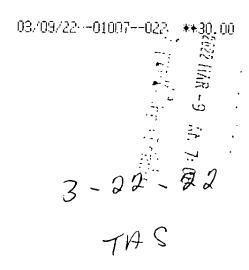
K21000459366

(Requestor's Name)
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COVER LETTER

	istration Sec ision of Corp			
CUDIFCT.	Ben David /	ABA, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	I Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		Diamante Rosa Alfonso		
·			Name of Person	· · · · · · · · · · · · · · · · · · ·
		Ben David ABA, LLC		
			Firm/Company	
		230 NW 5TH ST		·
			Address	
		Cape Coral, FL 33993		
			City/State and Zip Code	
		diamanteralfonso@aol.com		
		E-mail address: (to be used for future annual report no	otification)
For further in	nformation co	oncerning this matter, please ca	all:	
Diamante Ro	osa Alfonso		239 600-8171 at ()	
	Name of	f Person	Area Code Dayti	me Telephone Number
Enclosed is a	a check for th	ne following amount:		
□ \$25.00 I	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	iling Addres		Street Address:	Section
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.C	D. Box 632	7	The Centre of	Tallahassee
Tal	llahassee, I	FL 32314	2415 N. Moni	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT' TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liabil	lity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability (Florida document number L21000459366	and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lir	mited Liability Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	 	
(Principal office address MUST BE A STREET ADD	RESS)	
		:
		2 HA
Enter new mailing address, if applicable:		1 1 1 1 1 1 1 1 1 1
(Mailing address MAY BE A POST OFFICE BOX)		9
(Mulling undress MAT BE AT 031 0111CE BOA)		
		7: 0
B. If amending the registered agent and/or registere	ed office address on our records, enter the	e 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	
	, Flori	
	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
AMBR	Darlen Marrero	2817 NE 5th Ave, Cape Coral, FL 33909	= Add
			□ Remove
			Change
			□Add
			□Remove
			☐Change
			ZBZZ Add
			Change
			□Add
			□ Remove
		· 	□Change
			□Add
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			Change
			□Add
			ПRетюче
			□ Change

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iffective date, if other than the an effective date is listed, the date in Note: If the date inserted in this locument's effective date on the	DIOCK GOES HOT THEET II	ic applicable statute	ing or more than 90 days ry filing requirements	optional) after filing.) Pursuant to 605.0 , this date will not be listed
record specifies a delayed effec d is filed.	tive date, but not an ef	fective time, at 12:0	1 a.m. on the earlier o	f: (b) The 90th day after t
March 7	200	22		
Dated March 7	·	·		
130				
1202	Signature of a memb			

Filing Fee: \$25.00