## L22000001853

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer
J. HORNE
MAY 2 1 2024

Office Use Only



600428915506

2024 MAY 20 AM 10: 1

RECEIVED



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088 If there are any issues please contact Patrice at 850-202-9071

Date:(	05/20/2024	
Name:	Patrice Rush	_
	2373997	<del></del>
	AB	ODE21 LLC
Article:	s of Incorporation/Authorization	n to Transact Business
✓ Ameno	dment	
☐ Chang	e of Agent	
☐ Reinst	atement	
Conve	rsion	
☐ Merge	r	
Dissolu	ution/Withdrawal	
Fictitio	us Name	
✓ Other_	PLEASE PROVIDE CERTI	FIED COPY & CERTIFICATE OF STATUS
Authorized Ar	mount: \$60.00	
Signature:	( ) with	

F: 800.944.6607

F: +852.2682.9790



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: 120000000088
If there are any issues
please contact Patrice at
850-202-9071

Date:05/	/20/2024					
Name:	Patrice Rush					
	2373997	<u>.                                    </u>				
		ABO	DE21 L	LC		
	Incorporation/Author		o Transac	ct Busines	s	
✓ Amendme	ent					
☐ Change o	f Agent					
Reinstate	ment					
Conversion	on					
Merger						
Dissolutio	n/Withdrawal					
Fictitious	Name					
✓ Other	PLEASE PROVIDE	CERTIFIE	ED COPY	& CERTIF	ICATE OF	STATUS
Authorized Amou	unt: \$60.00	0				
Signature:	1 1010					

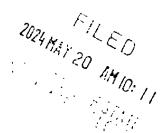
## **COVER LETTER**

TO: Registration S Division of Co			
ABODE2	шс		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	unitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	SEAN C. LUCAS, ESQ		
		Name of Person	<del> </del>
	SEAN C. LUCAS, PLLC		
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	777 BRICKELL AVENU	E, STE 500	
	· · · · · · · · · · · · · · · · · · ·	Address	<del></del>
	MIAMI, FLORIDA 33131	I	
	SEAN@SCLUCASLAW.	City/State and Zip Code	
	E-mail address: (	to be used for future annual report notificat	tion)
For further information	concerning this matter, please c	all:	
SEAN LUCAS		786 427-7082	
Name	of Person	Area Code Daytime Te	elephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	S30.00 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)
Malling Addre Registration	Section	Street Address: Registration Section	
Division of Corporations		Division of Corpor	rations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



ABODE21 LLC

(Name of the Limited Limitity Commany as it now amocars on our records.)

The Articles of Organization for this Limited Liability Company Florida document number <u>L22000061853</u>		and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company here:				
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the	abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	c/o THE MAYBRIDGE GROUP				
(Principal office address MUST BE A STREET ADDRESS)	777 BRICKELL AVENUE STE 500				
	MIAMI, FLORIDA 33131				
Enter new mailing address, if applicable:	c/o THE MAYBRIDGE GROUP				
(Mailing address MAX BE A POST OFFICE BOX)	777 BRICKELL AVENUE STE 500				
174 Mary 194 Mary 184					
B. If amending the registered agent and/or registered office a	MIAMI, FLORIDA 33131	me of the new registe			
		me of the new registe			
agent and/or the new registered office address here:	address on our records, enter the na	me of the new registe			
Name of New Registered Agent:		me of the new registe			
Name of New Registered Agent:	enter Florida street address				
<del></del>	Enter Florida street address  City	me of the new regists			

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>	Name	Address	Type of Action
MGR	EDMOND HARBOUR	2121 LAKE AVENUE	□ Add
		MIAMI BEACH, FLORIDA 33140	■ Remove
			□ Change
D	MATTHEW MACKAY	Building 2, Braemar Court, Deighton Road	🖼 Add
		St. Michael BB14017 Barbados	🖸 Remove
			□Change
D	SEAN LUCAS	777 BRICKELL AVENUE STE 500	<b>=</b> Add
		MIAMI, FLORIDA 33131	🗆 Remove
			Change
			□ Add
			🗆 Remove
			Change
			DAdd
			CRemove
			Change
<del></del>			
			□Remove
			Change

							_
-							-
-							-
_							_
							-
_				<del></del> -		<del> </del>	-
_			<del></del>			··· · · · · · · · · · · · · · · · · ·	_
_							_
_		_					_
-		<del></del>					-
-	-	<u></u>					-
_					·		_
_		···					-
-	<del> · · · · ·</del>						-
_						<del> </del>	_
-							-
-		<del> </del>		<del></del>	<del></del>		-
æ			7 <b>6</b> 71			- 4! 1\	
m eff	ive date, if other to fective date is listed, th	nam the date of	ific and cannot be p	prior to date of filing	or more than 90 days	ptional) after filing.) Pursuant to 60 this date will not be lis	5.02
iote: ocum	If the date inserted nent's effective date	in this block does on the Departme	s not meet the ap nt of State's reco	plicable statutory eds.	filing requirements,	this date will not be lis	ted i
		d effective date, t	out not an effecti	ve time, at 12:01	a.m. on the earlier of	f: (b) The 90th day after	er th
l is fil	led.						
	May 7		2024				
	-		,	·			
ated							
ated			NAT	4			

Filing Fee: \$25.00

## **COVER LETTER**

TO:	Registration Se Division of Cor					
CITO FE	ABODE21	uc				
SUBJE	CI:	Name of Lim	ited Liability Company			
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please n	eturn all correspo	ondence concerning this matter	to the following:			
		SEAN C. LUCAS, ESQ				
			Name of Person	<del></del>		
		SEAN C. LUCAS, PLLC				
			Firm/Company			
		777 BRICKELL AVENU	E, STE 500			
			Address	<del></del>		
		MIAMI, FLORIDA 33131	ı			
		<del></del>	City/State and Zip Code			
		SEAN@SCLUCASLAW.C	COM to be used for future annual report not	<b></b>		
For furt	her information o	concerning this matter, please o		incenou)		
	LUCAS		786 427- <b>7</b> 082			
	Name o	f Person	at ()Area Code Daytin	ne Telephone Number		
Enclose	d is a check for t	he following amount:				
_	.00 Filing Fee	□ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	■ \$60.00 Filing Fee,		
C 920		Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing Address Registration		Street Address: Registration Se	sction		
	Division of C	Corporations	Division of Corporations			

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303