122000394498

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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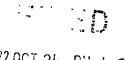
JAN 17 2023

COVER LETTER

TO:	Registration S Division of Co			
01/01/0		CESS ABA LLC		
SUBJEC	CT:	Name of Lim	ited Liability Company	
The encl	osed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all corresp	ondence concerning this matter	to the following:	
		NILSER OSORIO		
			Name of Person	
		NEROS CORP		
			Firm/Company	
		12950 SW 127th AVE AP	т. 303	
		·	Address	
		MIAMI, FL 33186		
		 	City/State and Zip Code	
		OSORIO@NEROSCORP.		
		E-mail address: (to be used for future annual report n	otification)
For furth	ner information	concerning this matter, please o	all:	
NILSEF	ROSORIO		786 449-0993	
	Name	of Person		time 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 Addre Registration		<u>Street Address:</u> Registration S	
	Division of 0	Corporations	Division of C	Corporations
	P.O. Box 63		The Centre of	
	Tallahassee,	FL 32314	2415 N. Mon	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2022 OCT 24 PH 1: 29

NEW ACCESS ABA LLC			6
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears o Liability Company)	n our records.)	STATE
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000394498</u>	were filed on 09/09	72022	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	ity Company," the desig	nation "LLC" or the abbre	eviation "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 acagent and/or the new registered office address here:	ddress on our recor	ds, <u>enter the name o</u>	f the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida si	reet address	
		Florida	
· · · · · · · · · · · · · · · · · · ·	City	, Florida	Lip Code
New Registered Agent's Signature, if changing Registered Agent:			
hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr weing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my a ovided for in Chan	luties, and Lam fam. ter 605 F.S. Or if ti	liar with and

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	GRISELL NUALLES GONZALEZ	9400 GLADIOLUS DRIVE SUITE 270	[] /\dd
		FORT MYERS, FL 33908	
			☐Change
			DAdd
			🗆 Remove
			DChange
			L)Add
			□Remove
			ClChange
			[:]Add
			□Remove
			□Change
			□Add
			URemove
			Change
			DAdd
			ElRemove
			Change

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Filing Fee: \$25.00