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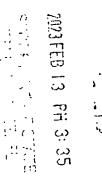
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COVER LETTER

TO: Registration S Division of Co			·		
SUBJECT:	JOSEPH	P ABOOD LLC			
<u>-</u>	Name of Lir	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
		Sonia Becerra			
Name of Person					
Swyft Filings					
		Firm/Company		_	
		3 Greenway Plaza #1320		~	
		Address		- 23	
		Houston, TX 77046		FEB .	
		City/State and Zip Code		- FR 5	ì
		abood@aol.com			1
For further information (E-mail address: (to be used for future annual report noti	fication)	2023 FEB 13 PH 3: 35	4
Sonia B	ecerra	ar / 877 777-0	450	1	
Name c	rf Person	at (877) 777-0 Area Code Daytime	c Telephone Number	r	
Enclosed is a check for t	he following amount:				
№ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &	

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JOSEPH P ABOOD LLC

(Name of the Limited Liability Comp (A Florida Limited	any as it now appears Liability Company)	on our records.)	
	v were filed on	10/26/2022	and assigned
The Articles of Organization for this Limited Liability Company were filed on and assigned			
A. If amending name, enter the new name of the limited liab	oility company her	œ:	
The new name must be distinguishable and contain the words "Limited Liab	lity Company," the de	signation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	201 Crand	on Blvd Apt. 824	1
(Principal office address MUST BE A STREET ADDRESS)	Key Biscay	ne, FL 33149	
Enter new mailing address, if applicable:		<u>_</u>	7023 FEE
Mailing address MAY BE A POST OFFICE BOX)	Key Biscayn	e, FL 33149	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our rec	cords, <u>enter the nan</u>	ne of the new register
Name of New Registered Agent:			
New Registered Office Address:	Enter Florid	la street address	
	Cin	, Florida	
	Ciņy		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 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	JOSEPH ABOOD	201 CRANDONE BLVD	□Add
		KEY BISCAYNE, FL 33149	[XRemove
ANADD	JOSEPH ABOOD		□Change
AMBR		201 Crandon Blvd Apt. 824	X JAdd
		KEY BISCAYNE, FL 33149	□Remove
			□Change
			□ Add
			ERemove
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effective date is listed, the date muster. If the date inserted in this bloom	t be specific and cannot be pri-	or to date of filing or mo	re than 90 days after	filing.) Purs	uant to 60 not be lis)5.020 sted a:
cument's effective date on the De	epartment of State's record	ls.	•			
cord specifies a delayed effective	e date, but not an effective	time, at 12:01 a.m. o	n the earlier of: (b)	The 90th	h dav afi	er the
s filed.						
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