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A. PARISHANI

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COVER LETTER

Registration Section Division of Corporations TO:

• • • •

ABBA	BUSINESS	AND	ASSET	MANA	GEMENT	LLC

SUBJECT:	Name of Lin	nited Liability Company	20
	Amendment and fee(s) are sub	-	2023 SEP 25
Please return all correspo	ondence concerning this matter	to the following:	
	FERNANDA SPANNER		6 6
		Name of Person	
	SPANNER CONSULTIN	G LLC	
		FirnyCompany	
	1076 W SAMPLE ROAD		
		Address	 _
	POMPANO BEACH, FLO	ORIDA, 33064	
	FLORIDA@FSPANNER.C	City/State and Zip Code COM	
	É-mail address: (to be used for future annual report notif	ication)
For further information e	concerning this matter, please c	all:	
FERNANDA SPANNE	R	754 457-6647	
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for th	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Marilian Addam			

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

	T FICLES OF (AMENDMENT O DRGANIZATION DF	2023 Selb 5
	_	-	5
ABBA BUSINESS AND ASSET			
(Name of the Lim	ited Liability Comp (A Florida Limited	<mark>ny as it now appears on our records.</mark>) Liability Company)	U 1
The Articles of Organization for this Limited I Florida document number23000198865	• • •	were filed on	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, <u>enter the new name</u>	of the limited liab	<u>ility company here</u> :	
ABBA BUSINESS & ASSET MANAGEMENT	LLC		
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" o	t the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	1076 W SAMPLE ROAD	
(Principal office address MUST BE A STREET ADDRESS)		POMPANO BEACH, FLORIDA	- 33064
Enter new mailing address, if applicable:		1076 W SAMPLE ROAD	
(Mailing address MAY BE A POST OFFICE BOX)		POMPANO BEACH, FLORIDA	- 33064
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office : <u>ess here</u> :	address on our records, <u>enter the</u>	<u>e name of the new registere</u>
Name of New Registered Agent:	SPANNER CONSULTING LLC		
New Registered Office Address:	1076 W SAMP	LE ROAD	
		Enter Florida street address	
	POMPANO BE	EACH	dia 33064

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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
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			☐Remove
		<u> </u>	⊡R€move
			🗆 Add
			🗆 Remove
			□Change
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			🗆 Add
			Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: ________(optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 after the record is filed.

Dated SEPTEMBER, 12th	
and	<u>Signature of a member or authorized representative of a member</u>
ANDRE LUIS SIMAS	S

Typed or printed name of signee

Filing Fee: \$25.00