

L23000453726

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

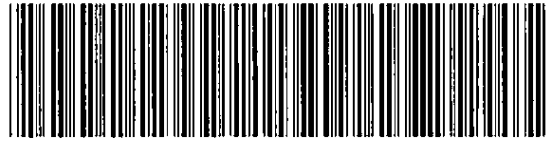
(Business Entity Name)

(Document Number)

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10/23/23--01040--003 **25.00

FILED
2023 NOV 20 PM 12:03
CLERK OF COURT
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ABA Honest Care, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:

Ismaray Sed
Name of Person

ABA Honest Care, LLC
Firm/Company

2125 NW 77th Way Bldg 6 Apt 103
Address

Pembroke Pines Florida 33024
City/State and Zip Code

marysed1985@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ismaray Sed
Name of Person

at (954)
Area Code

394 - 3205
Daytime 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 Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre
2415 N. 1st
Tallahassee, FL 32310



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 3, 2023

ISMARY SED
2125 NW 77TH WAY
BLDG 6 APT 103
PEMBROKE PINES, FL 33024

SUBJECT: ABA HONEST CARE, LLC.
Ref. Number: L23000453726

We have received your document for ABA HONEST CARE, LLC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FOREIGN LIMITED LIABILITY COMPANY, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

Letter Number: 623A00025651

11/21/2023

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2023 NOV 20 PM 12:04

ABA Honest Care, LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

CLERK OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 10/1/2023 and assigned
Florida document number L 23 000 453 726.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "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 address on our records, enter the 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

City

, Florida

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

[illegible]

2023 NOV 20 PM 12:04
DEPT. OF STATE
TALLAHASSEE, FLORIDA

FILED
2023 NOV 20 PM 12:04
CLERK OF STATE
TALLAHASSEE, FLORIDA

(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.

Dated _____, _____.

Ismaray Sed
Typed or printed name of signee

Filing Fee: \$25.00