## L23000534656

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JAN 17 S. PRATHER

## **COVER LETTER**

CUBICCE			
SUBJECT:	Name of Lin	nited Liability Company	<del></del>
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	Richard Omar Harvey		
		Name of Person	
	Name of Person		
		Firm Company	<del> </del>
	ABBA GROUP. LLC    Name of Limited Liability Company		
		Address	
	Winter Haven, FL 33884		
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	<del></del>
	E-mail address: (	to be used for future annual report no	tification)
For further information	on concerning this matter, please c	all:	
Richard Omar Harvey	v.		
Nan	ne of Person	Area Code Daytii	ne Telephone Number
Enclosed is a check for	or the following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Add			ection
_		_	
P.O. Box 6	6327	The Centre of	Tallahassee
Tallahasse	e, FL 32314	2415 N. Monre	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KINABBA GROUP, LLC		90
(Name of the Limited Liability Con (A Florida Limit	npany as it now appears on our records.) red Liability Company)	7.5.
The Articles of Organization for this Limited Liability Compa	any were filed on December 01, 2023	and assigned
Florida document number L23000534656		
This amendment is submitted to amend the following:		·
A. If amending name, enter the new name of the limited li	iability company here:	U1
The new name must be distinguishable and contain the words "Limited Li 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)		·
Maning address WAT BE AT OST OTTICE BOAY		<u> </u>
B. If amending the registered agent and/or registered officagent and/or the new registered office address here:	ce address on our records, <u>enter the</u>	name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City	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>	<u>Address</u>	Type of Action
AMBR	Jean Evadney Harvey	2008 Carnostic Rd	□ Add
		Winter Haven, FL 33884	Remove
			□Change
			□ Add
			∐Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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		<del></del>	□Change
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		· · · · · · · · · · · · · · · · · · ·	□Remove
			□Change

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Tective date, if other than the on effective date is listed, the date must ote: If the date inserted in this bloomment's effective date on the De	ck does not meet the applic	cable statutory filing requires	(optional) days after filing.) Pursuan nents, this date will not	nt to 605.020 I be fisted a
record specifies a delayed effective is filed.				lay after th
November 22	2024			~>>
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hichard Han	ree			<u>:.</u>
November 22  hichard Hangelian  Richard Omar Harvey	Signature of a member or auth	orized representative of a memb	нет	Sin   1