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	(Requestor's Name)	_
	(Address)	···
_	(Address)	····
	(City/State/Zip/Phone #)	
PICK-UF	P WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
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SECRLIARY OF STATE

COVER LETTER

TO: Registration Se Division of Cor			
subject: <u>AB</u>	A is the way	1 LLC utted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Fernando	Miquel Mayante	<u>, </u>
	ABA is 7	he way LLC	
	11911 SW 24	Address	
	Miami F	lorida 33032 City/State and Zip Code	
	investments E-mail address:	Smaxante 97 Daw to be used for future annual report notific	cation) . Com.
For further information co	oncerning this matter, please c	all:	
Fernando Name o	1. Maxante	at (<u>786</u>) <u>780</u> Area Code Daytime	8799 E E E E E E E E E E E E E E E E E E
Enclosed is a check for th	e following amount:		SSEE
■ \$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 statues Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration S Division of C	Section	Street Address: Registration Sect	
Division of C	orporations	Division of Corp	OTATIONS

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ABA is the U	Way LLC	
(<u>Name of the Limited Lial</u> (A Flo	bility Company as it now appears on o rida Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability	y Company were filed on	and assigned
Florida document number <u>L 240008465</u>	<u>O_</u> .	
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the li	imited liability company here:	
Ja L		
The new name must bould inguishable and contain the words "I	.imited Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
(Principal office address MUST BE A STREET AD	DRESS)	
SECNE I		
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·
<u>(Mailing address MAY BE A POST OFFICE BOX)</u>		
B. If amending the registered agent and/or registe agent and/or the new registered office address her		s, <u>enter the name of the new registered</u>
Name of New Registered Agent:		
New Registered Office Address:	_	
	Enter Florida str	eet 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>	Address	Type of Action
MGR	Sofnia Marante	17841 SW 22 nd ST Mami	Ø Add
		F1 33175	□Remove
			□Change
-			
			□Remove
			Change
			🗆 Add
			□ Remove
		 	□Change
		SEC. KE	Add 224 HA
		AHISSEE, FL	Remove, OChange OCH
			— □Remove
			□ Change
_			🗆 Add
			□ Remove
			∏Change

	PM 2: 09 SEE. FL
MARKET	SECRETARY TALLARIAS
(If an e	rtive date, if other than the date of filing:
	ment's effective date on the Department of State's records. ord 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 filed.
Dated	march 1 2024
	Signature of a member of a member Softia Mayante Reyes Typed or printed name obsignce