L24000160357

(Re	questor's Name)	
(Ad	dress)	· · · · · ·
bA)	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088 If there are any issues please contact Patrice at 850-202-9071

Date:0	5/20/2024	
Name:	Patrice Rush	<u></u>
Reference #:_	2374879	
	AB	ODE18 LLC
	of Incorporation/Authorization	
✓ Amenda	ment	
☐ Change	e of Agent	
Reinsta	itement	
☐ Conver	sion	
☐ Merger		
☐ Dissolu	tion/Withdrawal	
☐ Fictitiou	ıs Name	
✓ Other_	PLEASE PROVIDE CERTI	FIED COPY AND CERTIFICATE OF STATUS
Authorized Am	nount: \$60.00	
Signature:	(Fresh	



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088 If there are any issues please contact Patrice at 850-202-9071

Date:	05/20/2024	
	Patrice Rush	
	2374879	
	e:	ABODE18 LLC
Articl	es of Incorporation/Autho	rization to Transact Business
✓ Amer	ndment	
Char	nge of Agent	
Rein	statement	
☐ Conv	version	
☐ Merg	er	
Disso	olution/Withdrawal	
Fictit	ious Name	
✓ Othe	PLEASE PROVIDE C	ERTIFIED COPY AND CERTIFICATE OF STATUS
Authorized /	Amount: \$60.0	0
Signature:	(Pretile	

10 E 40''' \$1,10''' FL NY, NY 10016 D: +1.212.947.7200 P: 800.221.0102 F: 800.944.6607

COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	porations				
ABODE18	LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	SEAN LUCAS				
		Name of Person			
	SEAN C LUCAS PLLC				
		Firm/Company			
	777 BRICKELL AVENUI	E, STE 500			
	<u>. </u>	Address			
	MIAMI, FLORIDA 33131				
		City/State and Zip Code	.		
	SEAN@SCLUCASLAW.C				
		to be used for future annual report notification)			
For further information of	oncerning this matter, please ca	all:			
SEAN LUCAS		305 600-1487			
Name o	f Person	Area Code Daytime Telephor	ne Number		
Enclosed is a check for the	he following amount:				
S25.00 Filing Fee	S30.00 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 Addres Registration 5		Stree1 Address: Registration Section			
Division of C	orporations	Division of Corporations			
P.O. Box 632	27	The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2024 HAY 21 AM 10: 33

ABODE18 LLC				
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records. TALLAHASSEE, FLORIDA			
The Articles of Organization for this Limited Liability Company Florida document number L24000160357	were filed on 04/03/2024 and assigned			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	pility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	c/o THE MAYBRIDGE GROUP			
(Principal office address MUST BE A STREET ADDRESS)	777 BRICKELL AVENUE STE 500			
	MIAMI, FLORIDA 33131			
Enter new mailing address if annlicable	c/o THE MAYBRIDGE GROUP			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	777 BRICKELL AVENUE STE 500			
intuing qualess hart be A 1 ost of free Bong	MIAMI, FLORIDA 33131			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our records, enter the name of the new registere			
	, Florida			
	, Florida			
New Registered Agent's Signature, if changing Registered Agent:	<u>i</u>			
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is			

If Changing Registered Agent, Signature of New Registered Agent

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
D	EDMOND HARBOUR	2121 LAKE AVENUE	□Add
		MIAMI BEACH, FLORIDA 33140	=Remove
			□ Change
D	MATTHEW MACKAY	Building 2, Braemar Court, Deighton Road	= Add
		St. Michael BB14017 Barbados	□Remove
			□Change
D	SEAN LUCAS	777 BRICKELL AVENUE, STE 500	= Add
		MIAMI, FLORIDA 33131	□ Remove
			Change
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setive date	if other than (the date of fili.	n <i>u ·</i>			(ontional)		
effective date	is listed, the date (must be specific ar	nd cannot be prior	to date of filing or able statutory fil	more than 90 d	ays after filing,	Pursuant to	605,020
		: Department of			mg requireme	ins, ins date	will ink the	iisicu a
cord specifies s filed.	a delayed effec	rtive date, but no	of an effective to	me, at 12.01 a.n	i, on the earlie	rot (h) Th	290th day	after the
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	.t		2024	•				
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Filing Fee: \$25.00