

L24000160357

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

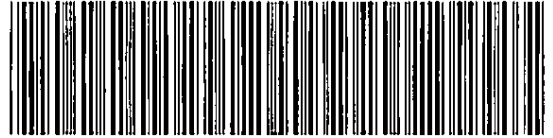
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500428435115

FILED

2024 MAY 21 AM 10:33

TALLAHASSEE, FLORIDA

RECEIVED

2024 MAY 21 PM 4:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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: 05/20/2024


Name: Patrice Rush

Reference #: 2374879

Entity Name: ABODE18 LLC

- ☐ Articles of Incorporation/Authorization to Transact Business
- ☒ Amendment
- ☐ Change of Agent
- ☐ Reinstatement
- ☐ Conversion
- ☐ Merger
- ☐ Dissolution/Withdrawal
- ☐ Fictitious Name
- ☒ Other PLEASE PROVIDE CERTIFIED COPY AND CERTIFICATE OF STATUS

Authorized Amount: \$60.00

Signature: 



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

Account#: I200000000088  
If there are any issues  
please contact Patrice at  
850-202-9071

Date: 05/20/2024

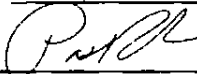
Name: Patrice Rush

Reference #: 2374879

Entity Name: ABODE18 LLC

- ☐ Articles of Incorporation/Authorization to Transact Business
- ☒ Amendment
- ☐ Change of Agent
- ☐ Reinstatement
- ☐ Conversion
- ☐ Merger
- ☐ Dissolution/Withdrawal
- ☐ Fictitious Name
- ☒ Other PLEASE PROVIDE CERTIFIED COPY AND CERTIFICATE OF STATUS

Authorized Amount: \$60.00

Signature: 

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ABODE18 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:

SEAN LUCAS

\_\_\_\_\_  
Name of Person

SEAN C LUCAS PLLC

\_\_\_\_\_  
Firm/Company

777 BRICKELL AVENUE, STE 500

\_\_\_\_\_  
Address

MIAMI, FLORIDA 33131

\_\_\_\_\_  
City/State and Zip Code

SEAN@SCLUCASLAW.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SEAN LUCAS

305 600-1487

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
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 of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

FILED

ABODE18 LLC

TALLAHASSEE, FLORIDA

**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>	<u>Address</u>	<u>Type of Action</u>
D	EDMOND HARBOUR	2121 LAKE AVENUE	<input type="checkbox"/> Add
		MIAMI BEACH, FLORIDA 33140	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
D	MATTHEW MACKAY	Building 2, Braemar Court, Deighton Road	<input checked="" type="checkbox"/> Add
		St. Michael BB14017 Barbados	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
D	SEAN LUCAS	777 BRICKELL AVENUE, STE 500	<input checked="" type="checkbox"/> Add
		MIAMI, FLORIDA 33131	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

ILLINOIS FLORIDA

2024 MAY 21 AM 10:33  
TALLAHASSEE, FLORIDA

五

**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 MAY 21st 2024

*Alexander Lucas*  
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

SEAN LUCAS, AUTHORIZED REPRESENTATIVE

Typed or printed name of signee

**Filing Fee: \$25.00**