

L24000 207361

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

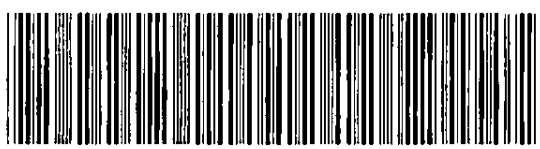
(Business Entity Name)

(Document Number)

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2024 AUG 12 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ABNK 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:

KUMAR SATHYANARAYANAN

Name of Person

ABNK LLC

Firm/Company

500 W CYPRESS CREEK RD., SUITE 465

Address

FORT LAUDERDALE, FLORIDA 33309

City/State and Zip Code

NEONAV@GMAIL.COM

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

For further information concerning this matter, please call:

FILOMENA L. MAIMONE, ESQ.

888 863-3207
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

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SECRETARY OF STATE
TALLAHASSEE, FL

ABNK LLC

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>
MGR	Naveen Kumar Sathyanarayanan	533 Bartleman Terr, Milton, ON, L9T9A2, CA	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
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2022 AUG 19 PM 6:15
SECRETARY OF DEFENSE
FALL ANNUAL MEETING

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

2024 AUG 12
SECRETARY
HALL AMH

E. Effective date, if other than the date of filing: _____ (optional)

(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.

If the record 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 record is filed.

Dated JULY 22, 2024

Maurice
Signature of a member or

Signature of a member or authorized representative of a member

FILOMENA L. MAIMONE, ESQ.

Typed or printed name of signee

2024 AUG 12 PM 2:11
SECRETARY OF STATE
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 08-12-2024 BY 60322
UCBAW