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T. MATTHEWS JAN 26 2022

COVER LETTER

SUBJECT: ABL Biscare LLC Name of Foreign Limited Liability Company Dear Sir or Madam: The enclosed application, certificate and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Hay Mete Name of Person ABC Biscare LLC Firm/Company 1501 Biscare Block #500 Address Miceri FL 33132 City/State and Zip Code H. Lary Mete roubmin = Con E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Himy Mete Name of Person Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Tallahassee, FL 32303	TO: Registration Section Division of Corporations			
The enclosed application, certificate and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Hilary Mett Name of Person ABC Biscame LLC Film/Company 150 1 Biscame Bluft. # 500 Address Micri FL 33132 City/State and Zip Code Hilary Mettern which is Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Himy Mettern at (FBlo) Solo-5401 Area Code & Daytime Telephone Number Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 The Centre of Tallahassee Tallahassee, FL 32314	SUBJECT: ABL Bise Name	of Foreign Limited Lia	bility Con	npany
Please return all correspondence concerning this matter to the following: Hary Meta	Dear Sir or Madam:			
Hay Mete Name of Person ABC Biscame LLC Film/Company 150 Biscame Blvpl. #500 Address Miani FL 33132 City/State and Zip Code H. Jary Metzernwhy i Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: H. Wy Metz at (Hole) 50 le -590 Area Code & Daytime Telephone Number Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 The Centre of Tallahassee Tallahassee, FL 32314	The enclosed application, certificate a	and fee(s) are submitted	for filing	
ABC Biscame LLC Film/Company 1501 Biscame BlvPl. #500 Address Michie FL 33132 City/State and Zip Code H. Jary Metzer wardiscon E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: H. Jary Metz at (Pblo) 5016-5901 Area Code & Daytime Telephone Number Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 The Centre of Tallahassee Tallahassee, FL 32314	Please return all correspondence conc	erning this matter to th	e followin	g:
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City/State and Zip Code H. Jary . Metzer mbhuir . Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: H. Jary . Metzer mbhuir . Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: H. Jary . Metzer nubmin . Com E-mail address: (to be used for future annual report notification) Area Code & Daytime Telephone Number Mailing Address: Registration Section Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810	ABC Biscame LL Firm/Compan	<u>C</u>	_	
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Himmy Metz at (786) 506-5901 Name of Person Area Code & Daytime Telephone Number Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Problem 1	1501 Bis Carre B	Ivel. #500	_	
For further information concerning this matter, please call: Howy Met 7 at (7810) 5010-5901 Name of Person Area Code & Daytime Telephone Number Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Please call: Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	Miaui, FC 33 City/State and	Zip Code	_	
Hilmy Met 7 Name of Person Area Code & Daytime Telephone Number Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 at (7Blo) 50 lo -59 01 Area Code & Daytime Telephone Number Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	H. Tary. Meta E-mail address: (to be used for futu	Z & rwbm ire annual report notific	in i oc ation)	ion
Name of Person Area Code & Daytime Telephone Number Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 at (78lo) 50 lo -5901 Area Code & Daytime Telephone Number Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	For further information concerning th	is matter, please call:		
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	- Hilary Metz			
	Registration Section Division of Corporations P.O. Box 6327		Registra Division The Cen 2415 N	ntion Section n of Corporations ntre of Tallahassee . Monroe Street, Suite 810
Enclosed is a check for the following amount:			« Faa 0	□ \$40 Elling F==
∑S2 5 Filing Fee □ \$30 Filing Fee & □ \$55 Filing Fee & □ \$60 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy			-	Certificate of Status &

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT **BUSINESS IN FLORIDA**

BUSINESS IN FLURIDA
BUSINESS IN FLORIDA SECTION L(1.4 must be completed)
SECTION I (1-4 must be completed)
1. Name of limited liability Company as it appears on the records of the Florida Department of
•
State: ABC Poiscayne LLC
Enter new principal office 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)
2. The Florida document number of this limited liability company is:
3. Jurisdiction of its organization: Delaware
4. Date authorized to do business in Florida: 12/26/2017
SECTION II (5-9 complete only the applicable changes)
, , ,
5. New name of the limited liability company:
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company." "L.L.C." or "LLC.") 6. If amending the registered agent and/or registered officer address on our records, enter the name of the new
registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida Street Address
Florida 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 the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar wit 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 limit liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Fitle/ Capacity	<u>Name</u>	Address	Type of Action
resident	Patricia Laurence	1501 Biscape Blvd, #500	□Add
		Mari, FL 33132	Remove
			□Add
			□Remove
ν, ρ	Chet koch	1501 Biscorpe Blud #	500 Madd
		Miani FL 33132	□Remove
			□Add
			□Remove
			□Add
aforemention	a certificate, if required: no more than 90 ned amendment(s), duly authenticated by under the law of which this entity is orga	the official having custody of records in the	□Remove

Filing Fee: \$25.00