

L14000102847

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 08 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: APULIA SERVICES 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:

Name of Person
HADAS ACCOUNTING AND TAX SERVICES

Firm/Company
210 SW 107TH AVE

Address
MIAMI, FL 33174

City/State and Zip Code
hadastaxeservices@gmail.com

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

For further information concerning this matter, please call:

BLANCA L LACAYO 305 222-2289

Name of Person at () Daytime Telephone Number
Area Code

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

APULIA SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 06/26/2014 and assigned
Florida document number L4000102847

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

9453 NW 171 AVE

MIAMI, FL 33196

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9453 NW 171 AVE

MIAMI, FL 33196

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TALLAHASSEE, FLORIDA

B. If amending the registered agent and/or registered office 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

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 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	DIEGO D'IGNAZI	9453 NW 171 AVE MIAMI FL	☐ Add
			☒ Remove
			☐ Change
MGR	STEFANO D'IGNAZI	9453 NW 171 AVE MIAM FL	☐ Add
			☒ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
SEP 6 PM 4:07
Remove
Change
Add
Remove

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. At the top left corner, there are some faint, small marks that appear to be from a staple or punch hole. The rest of the page is completely blank.

(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)

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.

8/29, 2016



Signature of a member or authorized representative of a member

Typed or printed name of signee

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