

L22 000 058 073

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

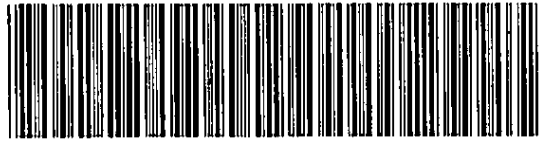
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200393541292

00 00 00 -0000 -000 0000

FILED
2022 AUG 30 AM 9:33
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: APPORTNET GROUP LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Carlos Lozano
Name of Person

Firm/Company

1970 E. OSCEOLA PKWY #18
Address

KISSIMMEE, FL 34743
City/State and Zip Code

andres423@hotmail.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Carlos Lozano at (407) 8182618
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

2022 AUG 30 AM 9:33
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

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

APPORNET GROUP 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 02-03-22 and assigned Florida document number L22 000658073.

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)

1970 E. OSCOOLA PKWY #18
KISSIMMEE FL 34743

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

1970 E. OSCOOLA PKWY #18
KISSIMMEE FL 34743

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

FILED
2022 AUG 30 AM 9:33
SECRETARY OF STATE
TALLAHASSEE, FL
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>
<u>MGR</u>	<u>Castillo, Andres L</u>	<u>1970 E Osceola Pkwy #18</u>	<input type="checkbox"/> Add
		<u>kissimmee FL 34743</u>	<input type="checkbox"/> Remove
		_____	<input checked="" type="checkbox"/> Change
<u>MGR</u>	<u>chica, Bernardo</u>	<u>1970 E. Osceola Pkwy #18</u>	<input type="checkbox"/> Add
		<u>kissimmee FL 34743</u>	<input type="checkbox"/> Remove
		_____	<input checked="" type="checkbox"/> Change
<u>MGR</u>	<u>Carlos Lozano</u>	<u>1970 E. Osceola Pkwy #18</u>	<input checked="" type="checkbox"/> Add
		<u>kissimmee FL 34743</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>MGR</u>	<u>Floralba Plazas</u>	<u>1970 E. Osceola Pkwy #18</u>	<input checked="" type="checkbox"/> Add
		<u>kissimmee FL 34743</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>MGR</u>	<u>Leydi Castillo</u>	<u>1970 E. Osceola Pkwy #18</u>	<input checked="" type="checkbox"/> Add
		<u>kissimmee FL 34743</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

2022 AUG 30
 SECRETARY OF STA
 TALLAHASSEE, FL
 FILED
 Add
 Remove
 Change

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

Multiple horizontal lines for amending information.

FILED
2022 AUG 30 AM 9:33
SECRETARY OF STATE
TALLAHASSEE, FL

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 08-03 2022

Carlos Lozano
Signature of a member or authorized representative of a member

Carlos Lozano
Typed or printed name of signee