Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: HADAS ACCOUNTING AND TAX SERVICES

Account Number : I20170000018 Phone

: (305)222-2289

Fax Number

: (305)221-3810

Enter the email address for this business entity to be used for future

annual report mailings. Enter only one email address please.**

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN APULIA SERVICES LLC

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Estimated Charge	\$25.00

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COVER LETTER

TO: Registration Sect Division of Corpo	ion prations					
APULIA SEI	RVICES LLC	•	-			
SUBJECT:		1 Liability Company				
	land foo(s) are submi	itted for filing.				
	mendment and fee(s) are submi					
Please return all correspon	idence concerning this matter to	the following:				
	m. 17		•			
	Blanca L Lacayo	Name of Person				
		•				
	Hadas Accounting & Tax Se	ervices Inc	·			
		Firm/Company		AL	2 <u>j</u> j	
	210 SW 107th Ave				2021 MAY	
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•		City/State and Zip Code		83	\dot{c}	
	hadastaxeservices@gmail.co	o be used for future annual report notification	stion)	HD A	36	
For further information of	concerning this matter, please of					
Blanca L Lacayo		305 222-2289 at ()	1 1 Number			
Name (of Person	Area Codo Daytime	Clephone Number			
Enclosed is a check for t	the following amount:					
■ \$25.00 Filing Fcc	S30.00 Filing Fcc &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing For Certificate of St	C,		
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Mailing Addr	ATC*	Street Address:				
Registration	Section	Registration Security Division of Corp	tion orations			
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Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Programme Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

APULIA SERVICES LLC		
(Name of the Limited Liability Company (A Florida Limited Liability Company)	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company we Florida document number L14000102847		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili		reviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		262
Enter new mailing address, if applicable:		MAY 24 MAIARE O AHASSEE
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office and and/or the new registered office address here:	address on our records, enter the nam	## G
ngent and/or the new registered office audites news.		
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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or -emoved from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	DIEGO SALVADOR D' IGNAZIミッソ	9453 SW 171TH AVE MIAMI, FL 33196	= Add
			□Remove
			Change
MGR	UMBERTO JOSE D'IGNAZI 50%	9453 SW 171TH AVE MIAMI, FL 33196	□Add
			Remove
			🗒 Change
MGR	MARIA DE DOMENICO	9453 SW 171TH AVE MIAMI FL 33196	□Add
			Remove
			Change 2021 MAY 21 PH 3:
			□Add
			□Remove
			Remove
			□ Change

•	(Attach additional sheets, if necessary.)	
D. If amending any o	other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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	if other than the date of filing: (optional) is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 inserted in this block does not need the applicable statutory filing requirements, this date will not be listed citive date on the Department of State's records.	1207 (3)(b) d as the
If the record specifies record is filed.	s a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	thc
Dated May 15	2021	
	1/hull/1/91	
-	Signature of a exember or authorized representative of a member	
UMI	BERTO D'IGNAZI	
 -	Typed or printed name of signee	

Filing Fee: \$25.00