L06000056910

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(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
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	COVER LETTER		
TO: . Registration Section Division of Corporations	↓	Å.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
SUBJECT: NEW EN	IGLAND CULINARY LLC Name of Limited Liability Company		
The enclosed Articles of Amendment	and fee(s) are submitted for filing.		
Please return all correspondence conc	erning this matter to the following:		
C	CHRISTOS PAPANDREOU		
	Name of Person		
	Firm/Company		
3	858 HELMSMAN DRIVE		
	Address		
	IAPLES FLORIDA 34120 City/State and Zip Code	20	
	City/State and Zip Code C-PAPANDREOU @ YAHOO.COM	2023 SEP 15	<u>.</u>]]
	E-mail address: (to be used for future annual report notification)		
For further information concerning th	s matter, please call:	5	÷ NTH
CHRISTOS PAPAN	DREOU at (<u>\$\$39</u>) 675-1522 Area Code Daytime Telephone Number	NH 8: 19	\Box
Name of Person	Area Code Daytime Telephone Number	9	

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

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S30.00 Filing Fee & Certificate of Status

\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy tadditional copy is enclosed)

<u>Mailing Address:</u> 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NEW ENGLAND	CULINARY LLC ty Company as it now appears on our records.) Limited Liability Company)
(A Florida	Limited Liability Company)
The Articles of Organization for this Limited Liability Co	ompany were filed on 06/05/2006 and assigned
Florida document number <u>L06000056910</u>	·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ited liability company here:
APF239 LLC	
The new name must be distinguishable and contain the words "Limi	ited 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 ADDR	<u>RESS)</u>
	ER ER
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	i 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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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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	SEPTEMBER 11th 2023
	Signature of a member or authorized representative of a member
	CHRISTOS PAPANDREON

Typed or printed name of signee

Filing Fee: \$25.00