L07000032853

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SECRETARY OF SFATE

APR 1 2 2013

T. HAMPTON

COVER LETTER

TO: Registration So Division of Cor			
SUBJECT: AppC	Chek, LLC		
SUBJECT:		ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	unitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
^	Lawrence R	. Steinberg	
		Name of Person	
	AppChek, Ll	_C	
		Firm/Company	
	PO Box 87		
		Address	
	North Granb	y, CT 06060	
		City/State and Zip Code	
	Isteinberg@appch	Nek.com o be used for future annual report notificat.	ion
For further information c	oncerning this matter, please c	•	(City)
	R. Steinberg	860 983-495	0
Name o	f Person	Area Code & Daytime Te	elephone Number
			·
Enclosed is a check for the	ne 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

AppChek, LLC				
(<u>Name of the Limited</u>	Liability Comp Florida Limited	any as it now appear Liability Company)	s on our records.)	
The Articles of Organization for this Limited L Florida document number L0700003285	iability Compan 3	y were filed on Ap	ril 1, 2007	DISTINGUE APR I
This amendment is submitted to amend the foll	owing:			LED RY OF CORP
A. If amending name, enter the new name o	f the limited lia	bility company her	<u>e</u> :	OF STATE AM 11: 00
The new name must be distinguishable and end wi "L.L.C."	h the words "Lin	nited Liability Compa	ny," the designation "LLC	
Enter new principal offices address, if applic	able:			
(Principal office address MUST BE A STREE	T ADDRESS)			
Enter new mailing address, if applicable:		PO Box 87		
(Mailing address MAY BE A POST OFFICE	BOX)	North Gran	by, CT 06060	
B. If amending the registered agent and/registered agent and/or the new registered of			our records, enter the	name of the ne
Name of New Registered Agent:	Lawrence	e R. Steinberg		
New Registered Office Address:	371 Pind	o Palm Dr.		
		Ent	ter Florida street addres.	
	Naples		Florida <u>341</u> 0)4
		City	:	Zip Code
You Degistered Agent's Signature if changing t	Dagictarud Agant	٠.		

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Lawrence R. Steinberg	371 Pindo Palm Dr.	Add
		Naples, FL 34104	Remove
MGRM	James J. Marquis, Jr.	424 Lake Ave. #4	Add
		Bristol, CT 06010	Remove
			Add
		Segment and control of the control o	Remove 1
			PR PRIMARE
			APPENDITORS
			Add
			Remove
			Add
			Remove

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a member or authorized representative of a member
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