# #1300030724

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K.SALY EXAMINER OCT - 2 2013

### **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: \_\_ 5930 Appian Way 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:

# RICHARD RIVERA

Name of Person

5930 Appian Way LLC

Firm/Company

5738 EMERINGTON CRES

Address

ORLANDO, FL. 32819

City/State and Zip Code

APIM@USA.COM

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

For further information concerning this matter, please call:

RICHARD RIVERA

at (407) 692- 1053

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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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TALLAMASSEE, FLORIDA

ds.)

## 5930 Appian Way 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 _	2/27/2013	and assigned	
Florida document number L13000030724			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability company h	<u>here</u> :		
The new name must be distinguishable and end with the words "Limited Liability Con"L.L.C."	npany," the designation "	LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office address or registered agent and/or the new registered office address here:	n our records, <u>enter</u>	the name of the new	
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 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 **Title** <u>Name</u> Address **Type of Action** 5738 EMERINGTON CRES **MGRM** RICHARD RIVERA **ORLANDO, FL. 32819** Remove Remove

D. If amending any other information, enter char	nge(s) here: (Attach additional sheets, if necessary.)
•	
	<u></u>
Dated SEPTEMBER 26 20	13
<u> </u>	
Signature of a memb	er or authorized representative of a member
	CHARD RIVERA
Туре	ed or printed name of signee

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Filing Fee: \$25.00