

L13000035110

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

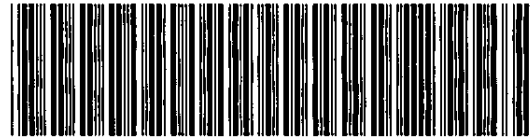
(Business Entity Name)

(Document Number)

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2013 OCT 31 PM 1:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOV - 1 2013

T. HAMPTON

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: **A.P.P.A Industries, 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:

**Michelangelo Schiappa**

Name of Person

**A.P.P.A. Industries, LLC**

Firm/Company

**1902 Princess Court**

Address

**Naples, Florida 34110**

City/State and Zip Code

**michele.schiappa@libero.it**

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

For further information concerning this matter, please call:

**Michelangelo Schiappa**

Name of Person

at **239 777 9137**

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

A.P.P.A Industries, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on 03/08/2013 and assigned  
Florida document number L13000035110.

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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 end with 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)

1902 PRINCESS COURT  
NAPLES, FLORIDA  
34110

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1902 PRINCESS COURT  
NAPLES, FLORIDA  
34110

**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:

SABRINA LAURIA

New Registered Office Address:

1902 PRINCESS COURT

*Enter Florida street address*

NAPLES

*City*

Florida 34110

*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

## FILING CANCELLED RETURNED CHECK

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	SPANO, JOHN W	2370 BUTTERFLY PALM DRIVE	<input type="checkbox"/> Add
		NAPLES, FLORIDA	<input checked="" type="checkbox"/> Remove
		34119	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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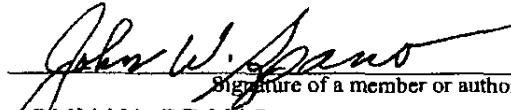
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

DELETE MAILING ADDRESS 15275 COLLIER BLVD, NAPLES, FL 34119

Dated OCTOBER 29, 2013

  
Signature of a member or authorized representative of a member

JOHN W. SPANO

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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