

L130000075732

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(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOV 25 2013

T. BROWN

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Apple REI Fund, 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:

Alan J. Polin, Esquire

Name of Person

Polin Law Group

Firm/Company

1900 Glades Rd., Ste. 355

Address

Boca Raton, FL 33431

City/State and Zip Code

alanpolin@polinlaw.com

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

For further information concerning this matter, please call:

Alan J. Polin, Esquire

Name of Person

at ( 561 ) 353.0909

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on May 23, 2013 and assigned Florida document number L13000075732.

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)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

c/o Polin Law Group

1900 Glades Rd., Ste. 355

Boca Raton, FL 33431

**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:

**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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Meryl Jenkins	511 SE 5th Ave., Apt. 608	<input type="checkbox"/> Add
		Ft. Lauderdale, FL 33301	<input checked="" type="checkbox"/> Remove
MGRM	Sharon L. Polin	c/o Polin Law Group	<input checked="" type="checkbox"/> Add
		1900 Glades Rd., Ste. 355	<input type="checkbox"/> Remove
		Boca Raton, FL 33431	
MGRM	Alan J. Polin	c/o Polin Law Group	<input checked="" type="checkbox"/> Add
		1900 Glades Rd., Ste., 355	<input type="checkbox"/> Remove
		Boca Raton, FL 33431	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated Nov. 15, 2013



\_\_\_\_\_  
Signature of a member or authorized representative of a member

Meryl Jenkins

\_\_\_\_\_  
Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**