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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch APR 24 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: APPLY4 TECHNOLOGY, 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:

Gregory J. Schwanzl

Name of Person

Apply4 Technology, LLC

Firm/Company

19046 Bruce B. Downs Blvd. Ste. 207

Address

Tampa FL 33647

City/State and Zip Code

greg@apply4.com

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

For further information concerning this matter, please call:

Gregory J. Schwanzl

866 419-7968

Name of Person

at ()

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

APPLY4 TECHNOLOGY, LLC

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Andrew Pavord	19046 Bruce B. Downs Blvd. Ste. 207	<input type="checkbox"/> Add
		Tampa Fl. 33647	<input checked="" type="checkbox"/> Remove
AMBR	Apply4 Technology, LTD	Unit C, 57-59 Great Suffolk Street	<input checked="" type="checkbox"/> Add
		London, SE1, 0BB	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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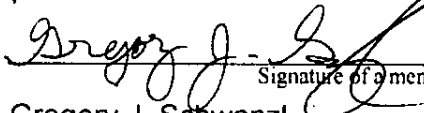
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated April 8, 2015



Signature of a member or authorized representative of a member

Gregory J. Schwanzl

Typed or printed name of signee

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