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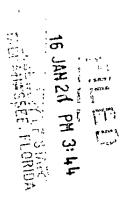
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- Y-SULKER



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 11, 2016

MARTIN A DESROCHERS 8113 YELLOW CRANE DRIVE KISSIMMEE, FL 34747

SUBJECT: OPERATION: PINEAPPLE, LLC

Ref. Number: L14000059803

We have received your document for OPERATION: PINEAPPLE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 116A00000593

COVER LETTER

TO: Registration Se Division of Cor			
OPERATION SUBJECT:	ON: PINEAPPLE, LLC		
Substitution	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subr	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	MARTIN A DESROCHER	ss.	
		Name of Person	
	OPERATION: PINEAPPL	Е	
		Firm/Company	
	8113 YELLOW CRANE D	PRIVE	
		Address	
	KISSIMMEE, FL 34747		
		City/State and Zip Code	
		OPERATIONPINEAPPLE.COM	
	E-mail address: (t	o be used for future annual report notifi	cation)
For further information c	oncerning this matter, please ca	ıll:	
MARTY DESROCHER	S	702 234-7065	
Name o	f Person	at () Area Code Daytime	Telephone 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**

OPERATION: PINEAPPLE, LLC					
(Plame of the Limi	(A Florida Limited	ny as it now appears on our records.) Lisbility Company)			
The Articles of Organization for this Limited L Florida document number <u>L14000059803</u>	iability Company	were filed on APRIL 11, 2014	and a	ssigned	
This amendment is submitted to amend the following	lowing:				
A. If amending name, enter the new name of	of the limited link	ility company here:			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "	LLC."	-
• • • • • • • • • • • • • • • • • • • •	rending name, enter the new name of the limited liability and must be distinguishable and contain the words "Limited Liability as principal offices address, if applicable: and office address MUST BE A STREET ADDRESS) The mailing address, if applicable: The address MAY BE A POST OFFICE BOX) The mending the registered agent and/or registered office address here: Name of New Registered Agent: New Registered Office Address: KISSIMMEE	KISSIMMEE, FL 34747			_
					_
Enter new mailing address, if applicable:		8113 YELLOW CRANE DRIVE	B () (2)	=	
•	. ROXI	KISSIMMEE, FL 34747	and assigned on "LLC" or the abbreviation "LLC." E DRIVE 47 E DRIVE 47 C C C C C C C C C C C C C C C C C C C		
THE SHAPE WHENCE SHEET BELLET TO SEE YE A SEE	er new mailing address, if applicable: ### RISSIMMEE, FL 34747 #################################	- Z:	,		
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B. If amending the registered agent and registered agent and/or the new registered of	l/or_registered_o office address_ber	ffice address on our records,	enter the name		nev
		-	200		*,
Name of New Registered Agent:	MARTIN A D	ESROCHERS		4-	
Nov. Decisional Office Address.	8113 YELLO	W CRANE DRIVE			
New Registered Office Address:		Enter Florida street address		 	_
	KISSIMMEE	. Élo:	rida 34747		
		City	Zip Coa	le	
New Registered Asent's Signature, if changing	Registered Agent	L			
I hereby accept the appointment as register	ed agent and ag	ree to act in this capacity. I furt	her agree to cor	nply with	the
provisions of all statutes relative to the pro-					
accept the obligations of my position as reg					5

being filed to merely reflect a change in the registered offi company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

Yasmin

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	JOSHUA LIEBMAN	731 Palm Drive	
		Orlando, FL 32803	≅ Remove
7			☐ Change
MGR	MELEA G DESROCHERS	8113 YELLOW CRANE DRIVE	Add
· · · · ·		KISSIMMEE, FL 34747	□ Remove
			Change 6
			S Remove
			Clichange Co
			☐ Remove
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Note: If the date in document's effect	nserted in this blove date on the Do	ck does not partment of	meet the appli State's record	icable stat ls.	utory filin	s Lednira	ements, thi	s date will i	not be listed	as th
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Filing Fee: \$25.00