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T. HAMPTON

## **COVER LETTER**

TO:

**Registration Section** 

Division of Corp	orations		
SUBJECT: AppS	ervice, L.L.C.		
	Name of Limi	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Ali Armour		
		Name of Person	
		Firm/Company	
	113 Wildwoo	od Dr	
		Address	<del> </del>
	Sanford, FL	32773	
		City/State and Zip Code	<u></u>
	ali.exitrealty@gm	· · ·	
		to be used for future annual report notific	cation)
For further information co	ncerning this matter, please ca	all:	
	D	at ()	W. d. of a self-and an
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	e 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)
MAILE	NG ADDRESS:	STREET/COURIE	R ADDRESS:
Registra	tion Section	Registration Section	
P.O. Bo	of Corporations x 6327	Division of Corpora Clifton Building	
Tallahas	see, FL 32314	2661 Executive Cen Tallahassee, FL 323	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AppService, LLC	<u></u>
( <u>Name of the Limited Liah</u> (A Flor	ility Company as it now appears on our records.) ida Limited Liability Company)
The Articles of Organization for this Limited Liability	Company were filed on 08/22/2014 and assigned
Florida document number L14000132441	
This amendment is submitted to amend the following:	S. S.
A. If amending name, enter the new name of the li	mited liability company here:
7. If differential funds, enter the new Hattle of the I	53. T
The new name must be distinguishable and end with the words "	Limited Liability Company." the designation "LLC" or the abbreviation "Lac."
The new name must be distinguishable and end with the words	TO
Enter new principal offices address, if applicable:	- OF N
(Principal office address MUST BE A STREET ADD	DRESS)
	,
Enter new mailing address, if applicable:	
•	
(Mailing address MAY BE A POST OFFICE BOX)	
	gistered office address on our records, enter the name of the new
registered agent and/or the new registered office ac	<u>idress nere</u> :
Name of New Registered Agent:	
Now Projectored Office Address	
New Registered Office Address:	Enter Florida street address
	ri. 24.
	, Florida

## 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 605, 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 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JESUS M MIRANDA	2580 GRASSY POINT DRIVE APT# 10	<b>2</b> □ Add
		LAKE MARY, FL 32746	Remove
			Add
			Remove
			<del></del>
			SEP SEP
			Remove SSEEFEL
			AM II: 28
			□ Remove
	,		
	<del></del>		□ Add
			Remove
			_ <del></del>
			□ Remove

If amending any other information	enter change(s) here: (Attach add	ditional sheets, if necessary.)
Effective date, if other than the date (The effective date must be specific, cannot be the date this document is filed by the Florida	of filing:	(optional) not be more than 90 days after
Dated August, 15	2014	
Mo /	,	Marriago de Carlos de Carl
Sign	ature of a member or authorized representa	tive of a member
Ali Armour		
	Typed or printed name of signe	e

Page 3 of 3

Filing Fee: \$25.00

