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# **COVER LETTER**

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TO: Registration Section Division of Corporations
SUBJECT: APPA, 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:
Ann Torres Name of Person
APPA, LLC Firm/Company
2705 N. Cocca Blvd
Cocoa, FL 32922  City/State and Zip Code
Carnatun @ rocket mal. com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
And Torres  at (40) 409-0031  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Secretificate of Status Secretified Copy (additional copy is enclosed)  \$25.00 Filing Fee Secretified Copy (additional copy is enclosed)  \$25.00 Filing Fee Secretified 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

- APPA	11-6			
(Name of the Limited ) (A	Liability Company as it now appears on of Florida Limited Liability Company)			
The Articles of Organization for this Limited Liab Florida document number <u>L150000</u>	ility Company were filed on 51	<u>aa/15</u>	and as	ssigned
This amendment is submitted to amend the following	ing:			
A. If amending name, enter the new name of th	ne limited liability company here:			
The new name must be distinguishable and contain the word  Enter new principal offices address, if applicable  (Principal office address MUST BE A STREET)	le:	ation "LLC" or the a	abbreviation "l	L.L.C."
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO  B. If amending the registered agent and/or		records ente	SEP IO	i i
registered agent and/or the new registered offic	e address here:	records, <u>ente</u>	PH 4	M
Name of New Registered Agent:			2 2	
New Registered Office Address:	Enter Florida st	reet address	-	<u>.</u>
		, 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 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 or removed t	Authorized Person(s) authorized to m from our records:	anage, enter the title, name, and address of each	person being added
MGR = Ma $AMBR = Au$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Ann Torres	2705 N. Cocoa Blud	Add
		Cocoa FL 32922	□ Remove
			Change
			Add
			☐ Remove
			SEPAdd  O PHemove  The Company of th
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☐ Change

ective date, if other than the date of filing:	SECRITARY OF	15 SEP 10 PH 4:	
effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.  e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date ument's effective date on the Department of State's records.	SECRETARY OF	SEP 10 PM	
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record specifies a delayed effective date, but not an effective time, at 12:01 a.m. he 90th day after the record is filed.	on the	earli	er of:
September 8, 2015.			
Signature of a member or authorized representative of a member			

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Filing Fee: \$25.00