

Division of Corporations

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : SAUL, EWING, ARNSTEIN & LEHR, LLP
Account Number : I20060000021
Phone : (561) 933-9800
Fax Number : (561) 655-5551

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: antoinette.theodossakos@saul.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
DOHERTY APPLE SOUTH FLORIDA, LLC**

Certificate of Status	0
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Corporate Filing Menu

AUG 27 2019

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DOHERTY APPLE SOUTH FLORIDA, 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:

Antoinette Theodosiakos

Name of Person

Saul Ewing Arnstein & Lehr, LLP

Firm/Company

515 North Flagler Drive, Suite 1400

Address

West Palm Beach, Florida 33401

City/State and Zip Code

antoinette.theodosiakos@saul.com

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

For further information concerning this matter, please call:

Antoinette Theodosiakos

561

650-8480

Name of Person

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

2019 AUG 26 PM 12:45

FILED

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DOHERTY APPLE SOUTH FLORIDA, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on July 16, 2015 and assigned
Florida document number L15000121106.

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 contain 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)

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:

Antoinette Theodossakos

New Registered Office Address:

515 North Flagler Drive, Suite 1400

Enter Florida street address

West Palm Beach

Florida 33401

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 603, 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.

Antoinette Theodossakos

If Changing Registered Agent, Signature of New Registered Agent:

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

AS PROVIDED
AND
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2019 AUG 26 PM 2:45

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

2019 AUG 26 PM 12:45

ADD
FILED

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated A-4-23, 2019

Signature of a member or authorized representative of a member

Typed or printed name of signee