

L15000144323

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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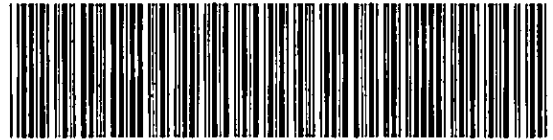
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL 32304

K. SAI Y

APR 3 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE APPLE TREE & CO., 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:

JOY L. DEL MANZANO

Name of Person

Firm/Company

1464 VIA SANGRO PL.

Address

WINTER PARK, FLORIDA 32792

City/State and Zip Code

joylynndm@yahoo.com

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

For further information concerning this matter, please call:

RUBEN SANTIAGO

321 662-0938

at ()

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED
18 APR -2 AM 10:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

THE APPLE TREE & CO., 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 AUGUST 24, 2015 and assigned
Florida document number L15000144323.

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)

1464 VIA SANGRO PL.

WINTER PARK, FLORIDA 32792

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1464 VIA SANGRO PL.

WINTER PARK, FLORIDA 32792

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:

New Registered Office Address:

1464 VIA SANGRO PL.

Enter Florida street address

WINTER PARK

City

Florida 32792

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 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>
MGR	RUBEN SANTIAGO, TRUSTEE	1464 VIA SANGRO PL.	<input checked="" type="checkbox"/> Add
		WINTER PARK, FL. 32792	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JOY L. DEL MANZANO, TRUSTEE	1464 VIA SANGRO PL.	<input checked="" type="checkbox"/> Add
		WINTER PARK, FL. 32792	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JOY L. DEL MANZANO	1464 VIA SANGRO PL.	<input type="checkbox"/> Add
		WINTER PARK, FL. 32792	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	JOY L. DEL MANZANO	1714 GLENWICK DR.	<input type="checkbox"/> Add
		WINDERMERE, FL. 34766	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE, FLORIDA

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(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)

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 MARCH 15, 2018

JOY DEL MANZANO

Signature of a member or authorized representative of a member

JOY O. DEL MANZANO

Typed or printed name of signee