

L16000090608

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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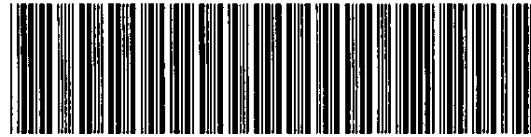
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S Warren
FEB 28 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: APONTE'S TOBACCO, 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:

Jeffrey A. Fadley, Esq.

Name of Person

Law Office of Jeffrey A. Fadley, P.A.

Firm/Company

180 NW 3rd Avenue, Suite B

Address

Okeechobee, Florida 34972

City/State and Zip Code

rosanna@fadleylaw

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

For further information concerning this matter, please call:

Rosanna Schachtele, FRP/ Paralegal to Jeffrey A. Fadley, Esq. 863 763-5733

Name of Person

at (_____) _____
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**

APONTE'S TOBACCO, 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 May 09, 2016 and assigned
Florida document number L16000090608.

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)

2303 S. Parrott Avenue, Suite B

Okeechobee, Florida 34974

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2303 S. Parrott Avenue, Suite B

Okeechobee, Florida 34974

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:

Alexis B. Cornell

New Registered Office Address:

2303 S. Parrott Avenue, Suite B

Enter Florida street address

Okeechobee

City

Florida

34974

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	Efrain Aponte	2303 S. Parrott Avenue	<input type="checkbox"/> Add
		Okeechobee, Florida 34974	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Alexis B. Cornell	2303 S. Parrott Avneue, Suite B	<input checked="" type="checkbox"/> Add
		Okeechobee, Florida 34974	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<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.

Efrain Aponte
Signature of a member

Efrain Aponte

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEPT