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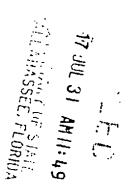
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COVER LETTER

TO:	Registration Se Division of Cor				
SI(D 1E	Carmate LI	C			
SUBJE	<u> </u>	Name of Lim	ited Fiability Company		
The end	closed Articles of	Amendment and feets) are sub	mitted for filing.		
Please i	return all correspo	ndence concerning this matter	to the following:		
		Christopher Steiner			
			Name of Person		
			Firm/Company		
		4616 Glenbrooke Dr			
			Address		
		Sarasota, FL 34243			
		christopheresteiner2(a gmai	City/State and Zip Code Leom		
		h-mail address: (to be used for future annual report notifi	cation)	
For furt	ther information c	oncerning this matter, please co	all:		
Christo	opher Steiner		941 879-1802		
Name of Person		f Person	at () Area Code Daytime	me Telephone Number	
Enclose	rd is a check for th	ne following amount:			
= \$25	5.00 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 tadditional 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

Carmate LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Complorida document number $\frac{1.16000202971}{1.00000000000000000000000000000000000$	pany were filed on 11/03/2016	and assigned
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited	liability company here:	
Appmux LLC		
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" c	ir the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES.	S)	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		TO SUL
. If amending the registered agent and/or registere egistered agent and/or the new registered office address	ed office address on our records, shere:	enter the name of the ne
Name of New Registered Agent:		28
New Registered Office Address:		· · · · · · · · · · · · · · · · · · ·
	Enter Florida street address	
	Flore	
	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 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 = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Change
			Remove
			Change
			□,Add □,Add
			
			SSE Mange AM II: 4.9
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			Change
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00