## 117000151499

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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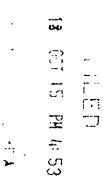
Office Use Only



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Filing cancelled due to returned check

09/24/18--01017--007 \*\*25.00





September 26, 2018

RODNEY GIBBONS 800 3RD ST, STE C NEPTUNE BEACH, FL 32266 Filing cancelled due to returned check

Letter Number: 118A00020133

SUBJECT: APPS AMONG US LLC Ref. Number: L17000157499

We have received your document for APPS AMONG US LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FOREIGN LLC, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons Regulatory Specialist III

## **COVER LETTER**

Division of Cor				
SUBJECT:	Apps Among U Name of Limi	5 LLC ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	Filing cancell	
Please return all correspo	indence concerning this matter	to the following:	due to returne	ed check
		Rodney Gibb	6NS	
		old City TATE! Firm/Company	NET MARKEting Solo	.tions
	900	3rd. St. North	Sre. C	
		viving and an in the property of	FL 32266	
	rke	it gibbons egmi	report notification)	
For further information c	concerning this matter, please co		,	
Rodne	y Gibhaws	at ( <u>\$ \$ 56</u> )	766-1810	
Name c	of Person	Area Code	Daytime refeptione Number	
Enclosed is a check for t	he following amount:			
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enc	Certificat (losed) Certified	e of Status &
MAIL	ING ADDRESS:	STREE	T/COURIER ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Filing cancelled TO due to returned check ARTICLES OF AMENDMENT TO OF

Aors	, Among Us LLC
( <u>Name of the Limited Liablidy</u> (A Florida Li	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Con Florida document number <u>L17060 157 499</u>	npany were filed on \( \frac{\frac{7}{19} 24, \frac{2017}{2017}}{2017} \) and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	d liability company here:
Bold City Internet Mark	d Liability Company," the designation "LLC" or the abbreviation "LLC."
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	SSI Noprune BEALL, Fl 3 2266
(Principal office address MUST BE A STREET ADDRE	SS) Niprune BEALL, Fl 32266
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	100 71 E D
B. If amending the registered agent and/or registered agent and/or the new registered office addresses.	red office address on our records, enter the name of the new ss here:
Name of New Registered Agent:	
New Registered Office Address: \$00	Std St. North, Str. C, Neptune Bone 4, FL  Enter Florida street address  Neptune Bened . Florida 32266  City Zip Code
	Neptune Behal . Florida 32266 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, <u>enter the title, name, and address of each person\_being ad or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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due to	returned check		Change
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ective date,	if other than the	date of filing	: //// cannot be prior to	date of filing or me	optio (optio	nal) filing.) Pursuant to 605.020
te: If the dat	e inserted in this blective date on the D	ock does not m	eet the applicab	de statutory filing	requirements, this	date will not be listed a
	ecifies a delayed ay after the rec		ate, but not	an effective ti	me, at 12:01 a	.m. on the earlier o
ed	10/1/18					
	8.	Signature of a n	A Lobe_nember or authori	zed representative	of a member	
		<b>a</b> .	1- (1/1	_		

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

Page 3 of 3

Filing Fee: \$25.00