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## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Cor	porations		
CUDIECT.	Apps Amor	ng Us LLC	<i>(</i> *	
SUBJECT:		Name of Lith	ited Liability Company	
The enclosed	l Articles of	Amendment and feets) are sub	mitted for tiling.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Rodney Keith Gibbons		
			Name of Person	
		Apps Among Us LLC		
			Firm/Company	
		2050 Kings Circle S.		
			Address	
		Neptune Beach, FL 32266		
			City/State and Zip Code	
		rkeithgibbons@gmail.com		
			to be used for future annual report not	tification)
For further it	iformation e	oncerning this matter, please of	all:	
Rodney Keit	h Gibbons		850 766-1810 at ( )	
	Name o	f Person		ne Telephone Number
Enclosed is a	check for th	se following amount:		
■ \$25.00 F	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)
	iling Addres gistration S		<u>Street Address:</u> Registration Se	ection
Div	ision of C	orporations	Division of Co	=
P.C	). Box 632	/	The Centre of	Lallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Apps Among Us 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 07/24/2017 and assigned Florida document number L17000157499 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Bold City Internet Marketing Solutions, LLC 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: New Registered Office Address: Enter Florida street address

## 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.

City

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>	Name	Address	Type of Action
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cord spe s filed.	ies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
red	5/29/2020
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-	Signature of a member or authorized representative of a member