

L17000248711

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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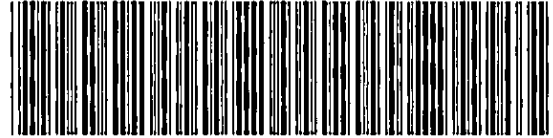
(Business Entity Name)

(Document Number)

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ALLAHASSET, FLORIDA

JUN 25 AM 10:5

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DEL NERO ENTERPRISE 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:

MARIA C SOUSA

Name of Person

SOUSA & ASSOCIATES INC

Firm Company

7345 W SAND LAKE RD, STE 304

Address

ORLANDO, FL 32819

City/State and Zip Code

CAROL@SOUSAN ASSOCIATES.COM

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

For further information concerning this matter, please call

MARIA C SOUSA

Name of Person

at (407) 800-7028

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**

DEL NERO ENTERPRISE 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 12/05/2017 and assigned Florida document number LI7000248711.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

APF ENTERPRISE 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)

7345 W SAND LAKE RD

STE 304

ORLANDO, FL 32819

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7345 W SAND LAKE RD

STE 304

ORLANDO, FL 32819

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:

SOUSA & ASSOCIATES INC

New Registered Office Address:

7345 W SAND LAKE RD, STE 304

Enter Florida street address

ORLANDO

City

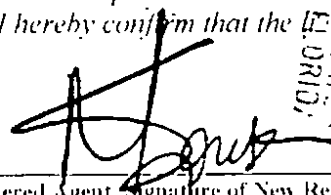
Florida

32819

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 the provisions of all statutes relative to the proper and complete performance of my duties, and I am accepting the obligations of my position as registered agent as provided for in Chapter 605, F.S. Of this being filed to merely reflect a change in the registered office address, I hereby confirm that the company has been notified in writing of this change.



If Changing Registered Agent, Signature of New Registered Agent

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CLERK OF CIRCUIT COURT
ORLANDO, FLORIDA

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>
AMBR	FLAVIO ALCALDE	9058 REFLECTION POINTE DR	<input checked="" type="checkbox"/> Add
		WINDERMERE, FL 34786	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	PRISCILA P ALCALDE	9058 REFLECTION POINTE DR	<input checked="" type="checkbox"/> Add
		WINDERMERE, FL 34786	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CARLA CRISTINA BERLANGA DEL NERO	8787 IRON MOUNTAIN TRAIL	<input checked="" type="checkbox"/> Add
		WINDERMERE, FL 34786	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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DEPT OF CORRECTIONS
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)


(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 JUNE 21, 2018

x  _____
Signature of a member or authorized representative of a member

x FLAVIA JOTER ALCALDE
Typed or printed name of signer