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	I JAANEL HEN AAN AAND JOWE JOW ATAAA IN DE HELD HEDEL
(Requestor's Name)	
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(City/State/Zip/Phone #)	
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	APPLE HON	NES FLORIDA	"LLC"
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		POUGLAS C. AP	PPLE
	APPL	E HOMES FLORIA Firm/Company	OA "11C"
		Address	RIVE
	DUNEO	City/State and Zip Code	34698
	E-mail address: (E HMS @ AOL. to be used for future annual report noti	COM fication)
For further information c	oncerning this matter, please c	·	
Touglas	C. Apple	at (<u>727)</u> 42 Area Code Daytim	2 - 3997
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

APPLE H	OMES FLORIDA "LLC"
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability (Florida document number	Company were filed on <u>Feb 29, 2020</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	nited liability company here:
The new name must be distinguishable and contain the words "Lin	mited 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 ADD)	RESS)
	920
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	ed 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
	, Florida
	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 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
VP	KYLE J. APPLE	2419 GROVE LAKE CIRC	LE Mad
		PAlm Harbor, Florida 34683	□Remove
5	JAY D. APPLE	29/2 Westmoreland court, New Port Richey Florida 34655	XAdd
		Florida 34655	🗆 Remove
			Change
			□ Add
			□ Remove
			Change
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te: If the date ins	erted in this block d date on the Depart	loes not meet the	applicable statute			
rument s effective	date on the Depart	ment of State 8 re	corus.			
ecord specifies a d	clayed effective date	e hut not an effec	tive time at 12:0	lam on the ea	rlier of: (b) Th	e 90th day after the
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Filing Fee: \$25.00