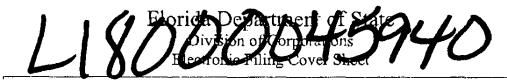
To: 8506176383@rcfax.con Fax: (850) 617-6383

Page 2 of 5 03/02/2018 2:51 PM

3/2/2018

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000069503 3)))



H180000695033ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

MAR 0 2 2018

From:

Account Name : M. FAEHNER; ESQ. LLC

Account Number : I20170000081

Phone

: (727)443-5190

Fax Number

: (727)474-9949

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN: ORIGINAL DAPPLES LLC

Certificate of Status	O_
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

 $\pm 1'$

From: M. Faehner, Esq. LLCFax: (727) 474-9949

To: 8506176383@rcfav.con Fav: (850; 817-6383

Page 3 of 5 03/02/2018 2:51 PM

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H18000069503 3

ORIGINAL DAPPLES LLC		
(Name of the Limited Liabil (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on February 20, 2018	and assigned
Florida document number L18000045940	 ·	
This amendment is submitted to amend the following:	40 4 <u>0</u>	
A. If amending name, enter the new name of the lin	nited liability company here:	. %
The new name must be distinguishable and contain the words "Lit	mited Liability Company," the designation "LLC" or	e habreviation "L.E.C."
Enter new principal offices address, if applicable:		Sign
(Principal office address MUST BE A STREET ADD	(RFCC)	m9 3
Timespus Office address M.Co. I DE 21 DIMINES (DDE	,,,	C OR
		80 E
		7
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regi	istered office address on our records, en	ter the name of the ne
registered agent and/or the new registered office ad-	dress here:	
Name of New Registered Agent:		
New Registered Office Address:	: Enter Florida street address	
	, Florida	Zip Code
	Cuy	Lip Coue

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to ast 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

-			_			
-rom:	М.	Fachner.	ESQ.	LLCFax:	(727)	474-9949

To: 8506176383@rcfax.con Fax: (850) 617-6383 Page 4 of 5 03/02/2018 2:51 PM

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Sheryl Cory	1679 Drew Street	
		Clearwater, FL-33755	□ Remove
			Change
			Add
		Service of the servic	Remove
			Change
			_ _ _ _ _ _ _ _ _ _ _ \
			□ Remove
			Change
		i da	Add Semon
			Photos Phange
			Add Remove
			Change
			Add
			□ Remove
			☐ Change

If amending any other informatio	on, enter change(s) her	e: (Attaci: additional sl	neets, if necessary.) H1800006	39503 3
			<u>-</u>	
7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7				
				
				
				
				_
				
	·····		6	
		·		<u> –48</u>
		G) 1	美元 芳	
		I_{ℓ}	535	2 19
			M. S.	3
· · · · · · · · · · · · · · · · · · ·			27	_ _
				<u> </u>
			•	
				<u>-</u>
Effautiva duto if other than the de	ata af filimar		(ontional)	
Effective date, if other than the date an offective date is listed, the date must be	e specific and cannot be prior	to date of Eling or more than	(optional) 90 days after filing.) Pursuan	to 605.0207
Note: If the date inserted in this block document's effective date on the Department.			rements, this date will not	be listed as
·				
ne record specifies a delayed e		t an effective time, a	at 12:01 a.m. on the	earlier of
The 90th day after the record	d is filed.			
March 2	2018			
Dated	, 7 ,			
	1 Cools			_
	gnedic of a member of author	rised representative of a me	mber	

Page 3 of 3

Filing Fee: \$25.00

Sign of second