## 118000098118

(1	Requestor's Name)	
(,	Address)	
(,	Address)	
(	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(	Business Entity Name)	
(	Document Number)	
Certified Copies	Certificates of	Status
Special Instructions	to Filing Officer:	
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## **COVER LETTER**

SUBJECT:	APPLE JULII	ENNE LLC.		
Jobaten _		Name of Limi	ted Liability Company	
The enclosed A	Articles of Ar	nendment and fee(s) are sub	mitted for filing.	
Please return a	ll correspond	ence concerning this matter	to the following:	
		CHRISTOPHER LEFEVR	E	
			Name of Person	<del></del>
			Firm/Company	<del></del>
		145 NE 192ND ST		
			Address	
		MIAMI, FL 33179		
			City/State and Zip Code	
		AppleJulienneLLC@Gmail.	.com to be used for future annual report notifications.	ation)
m c	.•		·	ation)
For further into	ormation con	cerning this matter, please ca	iii:	
CHRISTOPH	ER LEFEVR	E	863 430-8275 at ( )	
	Name of P	erson		Celephone Number
Enclosed is a c	heck for the	following amount:		
\$25.00 Fil	ing 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

TO:

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

APPLE JULIENNE LLC.	
( <u>Name of the Limited Liah</u> (A Flor	oility Company as it now appears on our records.) ida Limited Liability Company)
The Articles of Organization for this Limited Liability	Company were filed on April 18, 2018 and assigned
Florida document number L18000098118	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the li	mited liability company here:
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or the abbreviation "L.LTom
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET AD	
	Si Allo
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	gistered office address on our records, enter the name of the ne
registered agent and/or the new registered office a	udress nere:
N 0 0 1 1	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
<u> </u>	, 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 Changing Registered Agent, Signature of New Registered Agent

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>	Type of Action
MGR	CHRISTOPHER LEFEVRE	145 NE 192ND ST MIAMI, FL 33	
		<del></del>	☐ Remove
			Change
AMBR	THEMY DUPIN	145 NE 192ND ST MIAMI, FL 33	D Add
			□ Remove
			☐ Change
<del></del>			Add
			□ Remove
		<del></del>	Change
			D Add
			Remove
		<del></del>	Change
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Effec	tive date, if other than the date of filing:	n to 605 (	0207
<u>Note</u>	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not	be listed	d as
docui	ment's effective date on the Department of State's records.		
	and an efficiency delayed effective data, but not an effective time, at 12/01 a.m. on the	aarlia	
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the e 90th day after the record is filed.	earne	ı Çı
Date	May 2 2/8.		
	Signature of a member or authorized representative of a member		
	Christopher Lefevre Typed or printed name of signee		

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Filing Fee: \$25.00