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## **COVER LETTER**

Division of	Corporations		
SUBJECT:	BIG APPLE H	OMES, LLC	
30bjet, 1.	Name of Lin	ited Liability Company	
The enclosed Article	s of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	espondence concerning this matter	to the following:	
		JUAN NIEVES	
	<del></del>	Name of Person	Daytime Telephone Number  \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		BNS TAXES	
		Firm/Company	
	1	050 E OSCEOLA PKWY	
		Address	
		KISSIMMEE, FL 34744	
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	F-mail address:	cs@bnstaxes.com to be used for future annual report notifi	cation)
For further information	on concerning this matter, please c	·	Callering
1AUL	NIEVES	321 214-0925 at ( )	
Nai	ne of Person	Area Code Daytime	Telephone Number
Enclosed is a check f	or the following amount:		
■ \$25.00 Filing Fee	e □ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
	ALLING ADDRESS:	STREET/COURIE	

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Registration Section

TO:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	IG APPLE HOMES, LLC		
(Name of the Limited I. (A F	iability Company as it now appea lorida Limited Liability Company)	ers on our records.)	
The Articles of Organization for this Limited Liabil Florida document number L18000137172	ity Company were filed on _	JUNE 01, 2018	and assigned
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liability company h	ere:	
he new name must be distinguishable and contain the words	"Limited Liability Company," the	designation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable	::		<u> </u>
Principal office address MUST BE A STREET A	DDRESS)		SECONO SE
			Z
			<b>ထ</b> ကိုန်းမျှ လ
Enter new mailing address, if applicable:			- 목 공유다
Mailing address MAY BE A POST OFFICE BO.	 V)		9 11
			7 %
3. If amending the registered agent and/or egistered agent and/or the new registered office  Name of New Registered Agent:		n our records, <u>enter</u>	the name of the
Name of New Registered Agent.			
New Registered Office Address:	Eurou El	orida street address	<del></del>
	Enter Pla	n wa sireer adaress	
_	Cita.	, Florida	Zip Code
	City		гір Соае

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>	Address	Type of Action
MGR	CAMILO TRISTAN	1819 LISA LN	
		KISSIMMEE, FL 34744	■ Remove
			☐ Change
AMBR	TRISTAN CAMILO	1829 LISA LN	<b>≅</b> Add
		KISSIMMEE, FL 34744	□ Remove
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effective date is	f other than the e s listed, the date must	be specific and ca	nnot be prior to	date of filing or r	nore than 90 days a	<b>ptional)</b> ifter filing.) Pursu	ant to 605.02
	inserted in this blo tive date on the De			le statutory filit	ig requirements,	this date will no	ot be listed a
		F					
record spec	rifies a delayed	effective dat	e, but not	an effective	time, at 12:0	1 a.m. on th	e earlier
	y after the reco		r		•		
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ed	JUNE 13		1,010	_ •			
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<del></del>		V Signature of a me	piber or authori	zed representativ	e of a member		
		/'	JUAN NIEV				

Page 3 of 3

Filing Fee: \$25.00