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COVER LETTER

TO: Registration Division of C			
SUBJECT: APPME	GROUP LLC		
BOBIECI.	Name of Li	mited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.	
Please return all corres	pondence concerning this matte	r to the following:	
	ana v chavarria		
	APPME GROUP	Name of Person	
	3075 NE 190 ST, SUITE	Firm/Company	
	AVENTURA, FL 33180	Address	
	appmegroup@gmail.com	City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	E-mail address:	to be used for future annual repo	rt notification)
For further information	concerning this matter, please c	all:	
Ana V Chavarria		305 934679	
Name	of Person	at () Area Code E	Paytime Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fec & 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

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

APPME GROUP LLC		
(Name of the Limiter	d Liability Company as it now appears on our records. A Florida Limited Liability Company))
The Articles of Organization for this Limited Lia	bility Company were filed on 12/28/2018	and assigned
Florida document number 1.18000292640		
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of (the limited liability company here:	
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	019 FA
		N 7
Enter new mailing address, if applicable:		Si
(Muiling address MAY BE A POST OFFICE BE	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, go address here:	enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	·
	, Floric	
	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> AMBR	Name ALEJANDRO ABELLO	Address	Type of Action
		3075 NE 190 ST AVENTURA, FL 33180	
	DATOLON DUOM	2076 NE 1/10 0/0	
AMBR PATRICK RUSH	PATRICK RUSH	3075 NE 190 ST AVENTURA, FL 33180	■ Add
		·	□ Remove
			Change
			Add
			□ Remove
			Change
			Add
			Remove
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			□ Remove
		□ Change	
			□ Add
			□ Remove
			☐ Change

	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
NOTE	ive date, if other than the date of filing:
he rec The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated .	9-10-2019
	Signature of a member or authorized representative of a member
	PATRICK RUSH

Page 3 of 3

Filing Fee: \$25.00