

L19000270637

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

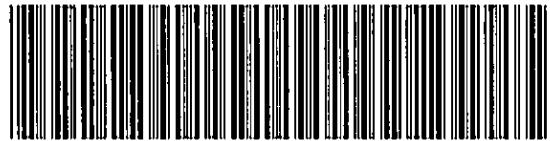
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/14/20--01024--026 **25.00

FILED
2020 SEP 14 AM 7:03
CLERK OF SUPERIOR COURT
JANUARY 14, 2020

FILED

OCT 22 2020
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Applecross 2, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sam Frazier
Name of Person

Firm/Company

P.O. Box 14685
Address

Tallahassee, FL 32317
City/State and Zip Code

samgfrazier@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sam Frazier at (850) 251-1505
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing 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
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**

Applecross 2, LLC.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 11/13/2019 and assigned
Florida document number L19000270637

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

9203 Oakfair Drive
Tallahassee, FL 32317

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 14685
Tallahassee, FL 32317

B. If amending the registered agent and/or registered 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:

Sam Frazier

New Registered Office Address:

9203 Oakfair Drive

Enter Florida street address

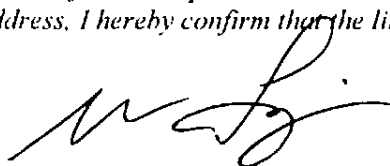
Tallahassee, Florida 32317

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>	<u>Type of Action</u>
AMBR	Capital Exchange Services, LLC	1300 Thomaswood Dr.	<input type="checkbox"/> Add
		Tallahassee, Fl. 32308	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Sam Frazier	P.O. Box 14685	<input checked="" type="checkbox"/> Add
		Tallahassee, Fl. 32317	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Denise Yon	9203 Oakfair Drive	<input checked="" type="checkbox"/> Add
		Tallahassee, Fl. 32317	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated May 29, 2029

Samuel G. Frazier

Typed or printed name of signee

Filing Fee: \$25.00