

L20 0000001921

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

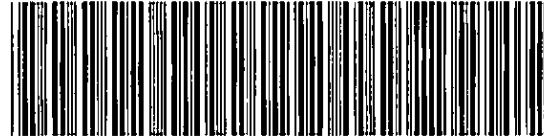
(Business Entity Name)

(Document Number)

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07/27/20--01068--017 **25.00

FILED
2020 JUL 27 AM 7:14
SEP 16 2020
S. YOUNG
CLERK OF SUPERIOR COURT
STATE OF FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: APLUSS, 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:

Daniel Hicks, Esquire

Name of Person

Daniel Hicks, P.A.

Firm/Company

421 S. Pine Avenue

Address

Ocala, Florida 34471

City/State and Zip Code

weclose2@danielhickspa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniel Hicks

352

351-3353

at (_____) _____

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**

APLUSS, 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 December 19, 2019
Florida document number L20000001921

FILED
2020 JUL 27 AM 11:14
CLERK OF CIRCUIT COURT
JACKSONVILLE, FLORIDA

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:

11980 SE 22nd Avenue

(Principal office address MUST BE A STREET ADDRESS)

Ocala, Florida 34480

Enter new mailing address, if applicable:

11980 SE 22nd Avenue

(Mailing address MAY BE A POST OFFICE BOX)

Ocala, Florida 34480

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:

Daniel Hicks

New Registered Office Address:

421 S. Pine Avenue

Enter Florida street address

Ocala

Florida 34471

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>
MGR	Digvijay Gackwad	11980 SE 22nd Avenue, Ocala, Florida 34480	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	Joseph G. Gillespie	1275 W Granada Blvd, Ste 3B	<input type="checkbox"/> Add
		Ormond Beach, Florida 32174	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<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 July 21, 2020

[Signature]

Signature of a member or authorized representative of a member

Daniel Hicks attorney & authorized
Typed or printed name of signer representative of Member

Filing Fee: \$25.00