## L20 0000 66302

(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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## **COVER LETTER**

TO: Registration S Division of Co				
Apple Val	ley, LLC			
SUBJECT.	Name of Lir	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.		
Please return all corresp	ondence concerning this matter	r to the following:		
	Lisa Kennedy			
		Name of Person		
	Name of Limited Liability Company  of Amendment and fee(s) are submitted for filing.  sondence concerning this matter to the following:  Lisa Kennedy  Name of Person  Apple Valley LLC  Firm/Company  9941 Sago Point Dr.  Address  Seminole, FL 33777  City/State and Zip/Code  E-mail address: (to be used for future annual report notification)  concerning this matter, please call:  at (			
		Firm/Company		
	9941 Sago Point Dr.		ing Fee & S60.00 Filing Fee, Copy Certificate of Status & Certified Copy (additional copy is enclosed)  Circet Address: Registration Section	
	<del> </del>	Address	<del></del>	
	Seminole, FL 33777			
		City/State and Zip Code		
	E-mail address: (	to be used for future annual report noti	ification)	
For further information c	concerning this matter, please c	all:		
Lisa Kennedy				
Name o	f Person		e Telephone Number	
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy	
Mailing Addres				
Registration Section Division of Corporations				
P.O. Box 632				
Tallahassee. I	FL 32314		e Street Suite 810	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

pany as it now appears on our reco d Liability Company)	ords.)		
ny were filed on $\frac{2/28/2020}{}$	and assigned		
Florida document number L20000066302			
ability company here:			
bility Company," the designation "LI	.C" or the abbreviation "L.L.C."		
9941 Sago Point Dr.	~ >		
Seminole, FL 33777	020		
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F . Cl			
t:nter r lorida street addre	288		
	lorida		
	9941 Sago Point Dr.  Seminole, FL 33777  e address on our records, ente		

## 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	Thomas Kennedy	9941 Sago Point Dr.	
		Seminole, FL 33777	
			□Change
		<del></del>	□Remove
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cument's effectiv	e date on the Departme	ent of State's recor	rds.			<b></b>
ecord specifies a	delayed effective date.	but not an effectiv	e time, at 12:01 a	a.m. on the earlier	of (b) The 90th de	iv after the
is filed.					(0) 1110 >0011 00	iy anci inc
June 25th ted	$\mathcal{O}$	2020				
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	Signaru	ire of a member or at	ithorized represent	ative of a member	<u>-</u>	

Typed or printed name of signee