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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	

Office Use Only



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APR 0 8 2021

Incorporating Services, Ltd.

1540 Glenway Drive Taliahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

TENIER OCCUPATION OF THE PROPERTY OF THE

ORDER FORM

To Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau

VROTE

850.656.7953

REQUEST DATE 4/7/21

PRIORITY Routine

OUR REF_#_(Order_ID#)] Bev

ORDER ENTITY

Apple Triumph Investments LLC

p	1	F	ASF PF	RFORM	THE FOLL	OWING SERVICES:

Apple Triumph Investments LLC

Please file the attached amendment.

NOTES:

\$25.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:_

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincarely

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

h Investments I I C	AM 10: 19
pany as it now appears on our records.) d Liability Company)	
ny were filed on December 23, 2020	and assigned
ability company here:	,
ability Company," the designation "LLC" o	r the abbreviation "L.L.C."
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e address on our records, <u>enter th</u>	e name of the new register
Estar Elocido pero e al deces	
enier rioriaa street address	
, Flori	da
	e address on our records, enter the

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 2021 APR -7 AH 10: 19 Title <u>Name</u> **Address Type of Action** MGR Pedro Ignacio Maggi 7950 NW 53rd St, Ste 337 -□Add Miami, FL 33166 **■**Remove Change \square Add Remove ☐ Change □ Remove Change □Add Remove □ Change □Add Remove _____ Change □Add⊺

Remove

Change

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ective date, if other than the date of filin	ng: (optional)
neffective date is listed, the date must be specific ar	nd cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.00
cument's effective date on the Department of	meet the applicable statutory filing requirements, this date will not be listed.
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gord specifically delayed official and a second	
s filed.	ot an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
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Signature of a	a member or authorized representative of a member
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Filing Fee: \$25.00