

L21000044040

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

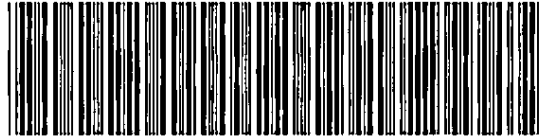
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SOUTHERN DISTRICT OF CALIFORNIA

16

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: A PLACE FOR APPS 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:

SCOTT FAINSTEIN

Name of Person

A PLACE FOR APPS LLC

Firm/Company

96 BELLEAIR ROAD

Address

ASHEVILLE, NC 28806

City/State and Zip Code

scott@aplaceforapps.com

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

For further information concerning this matter, please call:

SCOTT FAINSTEIN

954 826-2353
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

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	TIMPANOGOS DIGITAL LLC	96 BELLEAIR ROAD	<input type="checkbox"/> Add
		ASHEVILLE, NC 28806	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SCOTT FAINSTEIN	96 BELLEAIR ROAD	<input checked="" type="checkbox"/> Add
		ASHEVILLE, NC 28806	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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 TOLSON
 DELOACH
 MOHR
 BISHOP
 CASPER
 CALLAHAN
 CONRAD
 FALKENBERG
 GALE
 GLAVIN
 HARBO
 JAMES
 JOYCE
 KATZ
 KENNEDY
 LADD
 LEVINE
 LONG
 MALONE
 MARTIN
 MATTHEWS
 MEYER
 MORAN
 MURPHY
 NICHOLS
 ROSEN
 SULLIVAN
 TAVEL
 TROTTER
 WATKINS
 WHELAN
 WICK
 WOODWARD

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

2021 MAY 10 PM 12:39
FBI - NEW YORK
FBI - NEW YORK

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 4 2024

[Handwritten signature]

Signature of a member or authorized representative of a member

Scott Fainstein

Typed or printed name of signee

Filing Fee: \$25.00