

Aug. 23, 2024 1:55 PM

Vol. 2792 P. 13

8/23/24, 1:14 PM

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**L21000332098**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : PETERSON & MYERS PA  
Account Number : 12008000078  
Phone : (363)683-6511  
Fax Number : (863)688-8099

2024 AUG 23 PM 2:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: AWalls@petersonmyers.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
APOTHIC FOX, LLC

Certificate of Status	0
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Corporate Filing Menu

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Aug. 23, 2024 1:56PM

No. 2792 F. 2-5

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COVER LETTER

((H24000283418 3)))

TO: Registration Section  
Division of Corporations

SUBJECT: APOTHIC FOX, 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:

AMANDA L. WALLS, ESQ

Name of Person

PETERSON & MYERS, P.A.

Firm/Company

225 EAST LEMON STREET, SUITE 300

Address

LAKE LAND, FLORIDA 33801

City/State and Zip Code

awalls@petersonmyers.com

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

For further information concerning this matter, please call:

AMANDA L. WALLS, ESQ

863 683-6511  
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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Aug. 27, 2024 1:30 PM

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

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APOTHIC FOX, 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 07/21/2021 and assigned  
Florida document number L210000332098.

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

AMANDA L. WALLS, ESQ.

New Registered Office Address:

225 EAST LEMON STREET, SUITE 300

Enter Florida street address

LAKELAND

City

Florida 33801

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.

Signature of  
Amanda L. Walls

If Changing Registered Agent, Signature of New Registered Agent

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If appointing Authorized person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
--------------	-------------	----------------	-----------------------

AMBR	COREY HERSHA	3009 STANHOPE AVENUE	<input type="checkbox"/> Add
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LAKELAND, FLORIDA 33803	<input checked="" type="checkbox"/> Remove
-------------------------	--

	<input type="checkbox"/> Change
--	---------------------------------

MGR	DANAE HERSHA	3009 STANHOPE AVENUE	<input type="checkbox"/> Add
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LAKELAND, FLORIDA 33803	<input type="checkbox"/> Remove
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	<input checked="" type="checkbox"/> Change
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	<input type="checkbox"/> Add
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	<input type="checkbox"/> Remove
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A.: 2792 E. 55

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SECRETARIAT OF PUBLIC AFFAIRS  
TAMMAMASSERET, LORID

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FD-36 (Rev. 5-22-64)

(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 8/23/2024

Amf-3

Signature of a member or authorized representative of a member

Mqr

Typed or printed name of signee

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