## L21000408841

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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Rotten Apple Minds 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:
Kimberly Johnson Harris
Rollen Apple Minds
Firm/Company
1410 10th Avenue South
Address
St. Cetersburg FL 33705
City/State/and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person  Area Code  Daytime Telephone Number
Enclosed is a check for the following amount:
✓ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee,  Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

The Articles of Organization for this Limited Liability Company were filed on \_ Florida document number L2100040884 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: New Registered Office Address:

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 = A	Authorized Member			
<u>Title</u>	Name	Address	01 SEP 27 PH 12: 10:	Type of Action
AMBR	Kimbala Johnson Hair	n <u>ıs</u>	110 10th Ave. So.	_ CDA/dd
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effective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot in the date inserted in this block does not meet the ment's effective date on the Department of State's	be prior to date of filing or more than 90 days after filing.) Pursuant to e applicable statutory filing requirements, this date will not be	o 605.0 : listec
ord specifies a delayed effective date, but not an eff filed.	ective time, at 12:01 a.m. on the earlier of: (b) The 90th day	after
(9/24/2) Sprember 211,	<u>2021</u> .	
Janley Man	- Cuw  or authorized representative of a member	_