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PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	
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12/20/24--01012--014 **50.00



COVER LETTER

TO: Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Cor	porations		
The Applete	on Manor LLC		•
SUBJECT:			
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
	Maria L. Mas		
		Name of Person	
	The Appleton Manor LLC		
		Firm/Company	
	3235 Hattie Brock Lane		
		Address	
	Jacksonville, FL 32223		
	theappletonmanor@gmail.co	City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	fication)
For further information of	oncerning this matter, please co	all:	
Maria L. Mas		954 347-4299	
~	· · · · · · · · · · · · · · · · · · ·	at ()	e Telephone Number
Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	he 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	Street Address: Registration Sec	
Division of C	Corporations	Division of Cor	porations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

v appears on our records.) mpany)
d on and assigned
pany here:
y," the designation "LLC" or the abbreviation "L.L.C."
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8: 25 F1 SRIFE
*
n our records, <u>enter the name of the new regi</u> s
inter Florida street address
, Florida 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.

If amend authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or revoy. from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
Mgr	Maria L. Mas	3235 Hattie Brock Ln, Jacksonville, FL 32223	
			\exists Add
			□Remove
Mgr	Maria L. Rivera	3235 Hattie Brock Ln, Jacksonville, FL 32223	
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E1 00 . 1			10/26/2024		,		
(If an effi	we date, if other than the cetive date is listed, the date many of the date inserted in this lent's effective date on the	ust be specific and block does not m	cannot be prior to eet the applical	date of filing or notes that the date of filing or notes that the date of filing or notes that the date of filing or notes that the date of filing or notes the date of filing or notes that the date of filing or notes that the date of filing or notes that the date of filing or notes the date of filing or notes that the date of filing or notes that the date of filing or notes the date of filing or notes that the date of filing or notes the date of filing or notes that the date of filing or notes the da	nore than 90 days aft	tional) er filing.) Pursuant to 6 nis date will not be l	05.0207 (3 isted as th
he record ord is fil	d specifies a delayed effect ed.	ive date, but not a	an effective tim	e, at 12:01 a.m.	on the earlier of: ((b) The 90th day at	fter the
	December 15		2024				
Dated		,		<u>-</u> ·			
	Mana	Signature of a m	nember or author	ized representative	e of a member		
	Maria L. Mas						
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