

# L22000231722

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

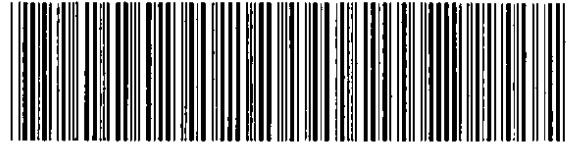
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800412331908

07/19/23--01019--007 \*\*25.00

2023 JUL 19 PM 5:53  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Apogee Tree, 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:

Marcia Healy  
Name of Person

Firm/Company

1000 Brickell Ave Ste 715  
Address

Miami, FL 33131  
City/State and Zip Code

info@apogee-tree.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marcia Healy at (305) 898-4523  
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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Angel Tree, 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 5/18/2002 and assigned Florida document number L22000231722.

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 "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

1000 Brickell Ave  
Ste 715  
Miami FL 33131

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

1000 Brickell Ave  
Ste 715  
Miami FL 33131

**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:

Marcia Healy

New Registered Office Address:

1000 Brickell Ave Ste 715  
Enter Florida street address

Miami, Florida 33131  
City 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.*

Marcia Healy

If Changing Registered Agent, Signature of New Registered Agent

FILED  
2023 JUL 19 PM 5:53  
SECRETARY OF STATE  
TALLAHASSEE, FL

Title	Name	Address	Type of Action
P	Luis Guerrero	66 W Flagler St	<input type="checkbox"/> Add
		St 900	<input checked="" type="checkbox"/> Remove
		Miami FL 33130	<input type="checkbox"/> Change
P	Marcia Healy	1000 Brickell Ave	<input type="checkbox"/> Add
		St 715	<input type="checkbox"/> Remove
		Miami FL 33131	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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 July 12, 2023

Marina Pely  
Signature of a member or authorized representative of a member

Marcia Healy  
Typed or printed name of signee

**Filing Fee: \$25.00**