422000293881

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COVER LETTER

TO: R	Registration S Division of Co	ection rporations				
SUBJECT	APALAN:	SILIC				
SOBOLO	•	Name of Lir	nited Liability Company			
The enclos	sed Articles of	Amendment and fee(s) are sul	omitted for filing.			
Please retu	ım all corresp	ondence concerning this matter	to the following:			
		YUCENUR APALAN				
			Name of Person	-		
			Firm Company			
		100 CORAL HARBOR C	T APT 2408			
			Address			
		PONTE VEDRA BEACH				
		ALI@DBTAXGROUP.CO	City/State and Zip Code			
		E-mail address: (to be used for future annual report not	ification)		
For further	information c	oncerning this matter, please c	all:			
YUCENUI	R APALAN		608 770 0186			
	Name o	f Person		ne Telephone Number		
Enclosed is	a check for th	ne 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)		
	ailing Addres egistration S		Street Address: Registration Se	ection		
~ Di	ivision of C	orporations		Division of Corporations		
	O. Box 632 Illahassee, F		The Centre of			
1 6	manassee, I	L 24314	2415 N. Monro	e Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2025

APALANS LLC		JAHY.
(Name of the Limited Liability Compa (A Fforida Limited)	iny as it now appears on our records.)	——————————————————————————————————————
(A Florida Limited I	Liability Company)	1
The Articles of Organization for this Limited Liability Company	were filed on <u>06/29/2022</u>	and assigned
Florida document number L22000293881		57 (III)
This amendment is submitted to amend the following:		·
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the	abbreviation "L.I.C."
Enter new principal offices address, if applicable:	100 CORAL HARBOR CT. APT2408	
(Principal office address MUST BE A STREET ADDRESS)	PONTE VEDRA BEACH, FL 32082	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		-
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	iddress on our records, <u>enter the na</u>	me of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	Cuv	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 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>	Address Harborct. APT# 2408	Type of Action
MGR	YUCENUR APALAN	Address 100 Coral HarborCt. AP+# 2408 Pointe Vedra Beach, FL 32082	ĒAdd
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			Change
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ffective date, if other than the	date of filing: 06/29/2022 t be specific and cannot be prior to date of	(option	nal)
ote: If the date inserted in this blo	ock does not meet the applicable stat	thing or more than 90 days after f utory filing requirements, this	iling.) Pursuant to 605.020' date will not be listed as
ocument's effective date on the De	epartment of State's records.		
record specifies a delayed effective is filed.	e date, but not an effective time, at 1.	2:01 a.m. on the earlier of: (b)	The 90th day after the
			⊊: <u>~2</u>
1/10	2022		2022 JUL
ated 1/10 / 2/9	, <u>~</u> , .		
ated <u>[//e / J 9</u>			
	- Judn		
ated <u>06/29</u>	Signature of a mariber or authorized rep	resentative of a member	

Filing Fee: \$25.00