# L22000458425

<del></del>	(Requestor's Name)			
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	(City/State/Zip/Phone #)			
	( <b>)</b>			
PICK-UP	WAIT	MAIL		
	(Business Entity Name)			
	(Document Number)			
Certified Copies	Certificates of	Status		
Special Instructions to	Filing Officer:			
	<u>.                                    </u>			

Office Use Only



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LLC Amena

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2022 OCT 28 AMTH: 16

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A. RAMSEY 0CT 3 1 2022 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 084803 7422869

AUTHORIZATION :

COST LIMIT : \$\frac{1}{2}5.00

ORDER DATE: October 28, 2022

ORDER TIME : 9:58 AM

ORDER NO. : 084803-005

CUSTOMER NO: 7422869

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## DOMESTIC AMENDMENT FILING

NAME: RED APPLE AT NORTH PORT EAT,

LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER'S INITIALS:

# **COVER LETTER**

Registration Section

**Division of Corporations** 

TO:

Red Apple SUBJECT:	at North Port EAT, LLC		
SUBJECT:	Name of Lin	nited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Athena Ware		
	<del></del>	Name of Person	
	First American Exchange	Company, LLC	
		Firm/Company	
	333 W SANTA CLARA S	ST, SUITE 622	
		Address	<del></del>
	SAN JOSE, CA 95113		
		City/State and Zip Code	
	jhage@charterschools.com	- <u>-</u>	
	E-mail address: (	to be used for future annual report not	ification)
For further information of	concerning this matter, please o	all:	
Jonathan K. Hage		(954) 202-3500 at ()	
Name o	of Person		ne Telephone Number
Enclosed is a check for t	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		Street Address:	ection
Registration by Division of C		Registration Se Division of Co	
P.O. Box 632	.7	The Centre of	Γallahassee
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

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

FILED

2022 OCT 28 AM H: 58

(Name of the Lim		
(	nited Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)
The Articles of Organization for this Limited Florida document number L22000458425	Liability Company were filed on 10/	26/2022 and assigned
This amendment is submitted to amend the fo	llowing:	
A. If amending name, enter the new name	of the limited liability company he	<u>ere</u> :
he new name must be distinguishable and contain the	words "Limited Liability Company," the de	esignation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if appli	icable:	
Principal office address MUST BE A STRE	SET ADDRESS)	
nter new mailing address, if applicable:	<del></del>	
Mailing address MAY BE A POST OFFICE	<u></u>	
		<del></del>
Ç Ç	5	ecords, <u>enter the name of the new regist</u>
<b>U U U</b>	5	ecords, enter the name of the new regist
Name of New Registered Agent:	ess here:	ecords, enter the name of the new regist
gent and/or the new registered office addr	Jonathan K. Hage  800 Corporate Drive, Suite 124	ecords, enter the name of the new register
	Jonathan K. Hage  800 Corporate Drive, Suite 124	

## 

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.

/s/Jonathan K. Hage	
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>	Name	Address	Type of Action
MGR	Jonathan K. Hage	800 Corporate Drive, Suite 124, Fort Lauderdale, FL 33334	ဩ Add
		<del></del>	□Remove
			□Change
<del></del> -		<del></del>	🗆 Add
			□Remove
			□Change
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(If an effective Note: If the	late, if other than the detate is listed, the date must be date inserted in this block effective date on the Dep	e specific and cann k does not meet t	ot be prior to date o the applicable sta	of filing or more than	(optional) n 90 days after filing.) frements, this date v	Pursuant to 605.0207 (3) vill not be listed as the
he record spe ord is filed.	cifies a delayed effective o	date, but not an e	ffective time, at	2:01 a.m. on the	earlier of: (b) The	90th day after the
Dated	October 27	·	2022 .			
		At	hena War	e	ember	
_	Si	gnature of a memb	er or authorized re	presentative of a mo	ember	
		Athena Ware	ed or printed name			

Filing Fee: \$25.00