

L25000 197 814

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

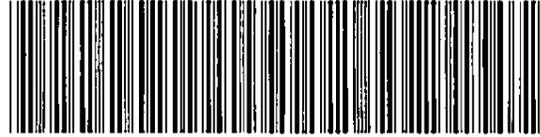
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700458519237

09/25/25--01025--019 **25.00

NOV 25 2025
S. PRATHER

NOV 25

S. PRATHER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HD8 APPLE 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:

Adriana Mendez
Name of Person

TAX SOLUTIONS & BOOKKEEPING LLC
Firm/Company

7751 Kingspointe Pkwy Suite 119
Address

Orlando, Florida 32819
City/State and Zip Code

taxes.solutions100@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adriana Mendez at (407) 930 0829
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**

FILED IN SECRETARY'S OFFICE
2025 SEP 25 PM 5:03

IID8 APPLE 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 04/25/2025 and assigned on Florida document number 125000197814

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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:

1974 WADERING WILLOW WAY -

(Principal office address MUST BE A STREET ADDRESS)

LOXAHATCHEE, FL 33470

Enter new mailing address, if applicable:

1974 WANDERING WILLOW WAY

(Mailing address MAY BE A POST OFFICE BOX)

LOXAHATCHEE, FL 33470

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:

JAVIER MORALES

New Registered Office Address:

1974 WANDERING WILLOW WAY

Enter Florida street address

LOXAHATCHEE,

City

Florida

33470

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	JC PLASTIC INC	1974 WANDERING WILLOW WAY	<input type="checkbox"/> Add
		LOXAHATCHEE, FL 33470	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JC PLAST INC	1974 WANDERING WILLOW WAY	<input checked="" type="checkbox"/> Add
		LOXAHATCHEE, FL 33470	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

