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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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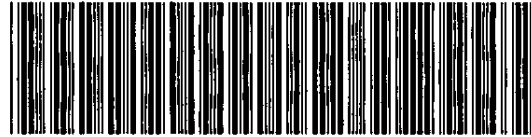
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2014 MAY -8 PM 2:55
TALLAHASSEE FLORIDA

MAY 19 2014

J. BRUG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: APP Miami, LLC.

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jose Luis Machado, Esq.

Name of Person

Law Offices of Machado & Herran, P.A.

Firm/Company

8500 S.W. 8th Street, Suite 238

Address

Miami, Florida 33144

City/State and Zip Code

jose@machadolaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jose Luis Machado, Esq. at (305) 261-5355

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

FILED
2014 MAY -8 PM 2:55
TALLAHASSEE, FLORIDA
CLERK OF STATE

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-3 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of State: APP Miami, LLC.

2. Jurisdiction of its organization: Delaware

3. Date authorized to do business in Florida: January 21, 2014

SECTION II (4-7 complete only the applicable changes)

4. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

5. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: _____

6. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change: The new Manager for the Company is: Fortune Capital Management Services, Inc.,

a Florida corporation

7. Attached is an original certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Signature of the authorized representative

Miguel Poyastro, President of Manager

Typed or printed name of signer

Filing Fee: \$25.00

2014 MAY -8 PM 2:55
FILED
CLERK OF DISTRICT COURT
STATE OF FLORIDA