

M16 000010256

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

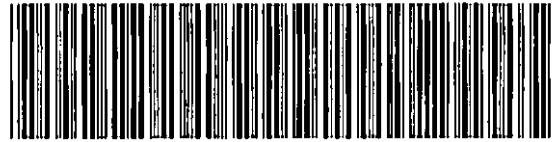
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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11/15/19--01024--013 **25.00

SECRETARY OF REVENUE
TALLAHASSEE, FLORIDA

2020 FEB -5 PM 3:32

FILED

Y SULKER

FEB 05 2020



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 17, 2019

APPELSON LLC
20295 NE 29TH PLACE SUITE 201
AVENTURA, FL 33180

SUBJECT: APPELSON LLC
Ref. Number: M16000010256

We have received your document for APPELSON LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LLC, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker
Regulatory Specialist III

Letter Number: 019A00025668

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

SECTION I (1-4 must be completed)

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

Enter new principal office address, if applicable: _____
(Principal office address)
MUST BE A STREET ADDRESS

Enter new mailing address, if applicable: _____
(Mailing address)
MAY BE A POST OFFICE BOX

2. The Florida document number of this limited liability company is: M16000010256

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 12-21-2016

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 SEC. OF STATE

SECTION II (5-9 complete only the applicable changes)

5. 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.")

6. If amending the registered agent and/or registered officer 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: _____

New Registered Office Address: _____
Enter Florida Street Address

_____, Florida _____
 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.

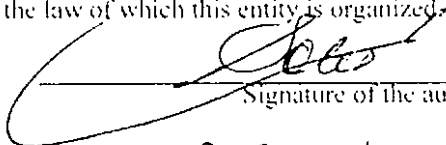
 If Changing Registered Agent, Signature of New Registered Agent

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

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Neamson, Inc.	2460 SW 56 th Ave	<input type="checkbox"/> Add
		West Park, FL 33023	<input checked="" type="checkbox"/> Remove
MGR	Neamson Investment, LLC	2460 SW 56 th Ave	<input checked="" type="checkbox"/> Add
		West Park, FL 33023	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a 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

Jerry P. Szesky, Esq., Auth. Rep.

 Typed or printed name of signee

Filing Fee: \$25.00