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COVER LETTER

TO: Amendment Section Division of Corporations

APP-O-LOGIA, INC

NAME OF CORPORAT	ΓΙΟΝ:		
	N21000001362		
DOCUMENT NUMBER	R:		
The enclosed Articles of A	Amendment and fee are su	bmitted for filing.	
		•	
LESLY JULES	ndence concerning this ma	itter to the following:	
		(Name of Contact	Person)
		(Firm/ Compa	
3170 Airmans Dr. #2206	Hopin	(гини Сотра	ny)
		(Address)	
Fort Pierce		FL	34946-9131
		(City/ State and Zip	Code)
	leslyjule	es@icloud.com	
	E-mail address: (to be use	d for future annual re	eport notification)
For further information cor	ncerning this matter, pleas	e call:	
	LESLY JULES		9415276841
	<u> </u>	а	ı
	(Name of Contact Person		(Area Code) (Daytime Telephone Number)
Enclosed is a check for the	following amount made p	ayable to the Florida	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy enclosed)	Certificate of Status

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with th	e Florida [ent. of State)			
N2100	00001362		,			
(Document)	ment Numb	er of Corporat	tion (if known)			
Pursuant to the provisions of section 617,1006, Floamendment(s) to its Articles of Incorporation:	orida Statute	s, this <i>Florid</i> e	a Not For Profit	Corporation	adopts the	t following
A. If amending name, enter the new name of the N/A	e corporat	ion:				
name must be distinguishable and contain the work "Company" or "Co." may not be used in the nam	d "corporat	ion" or "inco	rporated" or the	abbreviation	"Corp."	_The new or "Inc."
B. Enter new principal office address, if application (Principal office address MUST BE A STREET A	able:	N/A				
MOST BE A STREET A	<u> (DDRESS</u>	N/A				
		N/A				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)	N/A				
		N/A	·		•	.
		N/A	-		<u></u>	_
D. If amending the registered agent and/or regi	stered offic	e address in l	Florida, enter th	et name of the	 -	٠٠٠.
new registered agent and/or the new register	ed office ac	<u>ldress:</u>				==
Name of New Registered Agent:					Ya. 	<u>ښ</u> - "
	N/A					رن ري
New Registered Office Address:			(Florida stree	i address)	`	
	N/A			D) ()		
		(City)		, Florida Zip (
lew Registered Agent's Signature, if changing R hereby accept the appointment as registered agent	<mark>legistered</mark> A t. I am fam	Ngent: iliar with and	accept the oblig	ations of the r	Weiting	
				- 97 me p	osmon,	
_	Sign	nature of New	Registered Age	nı, if changing		

(Attach additional sheets, Please note the officer/di P = President; V = Vice I	if necessary) irector title by the President; T= Tre Chief Financial	first letter of the office title: Pasurer; S= Secretary; D= Director; TR= Tru I Officer, If an officer/director holds more the	stee: C = Chairman or Clerk: CFO = Chief
Changes should be noted a change, Mike Jones lea Mike Jones, V as Remove	ives the corporati	on. Sally Smith is named the V and S. These st	PST and Mike Jones is listed as the V. There is hould be noted as John Doe, PT as a Change,
Example: X Change X Remove X Add	PT John D V Mike J SV Sally S	lones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) ChangeX Add	<u>s</u>	JULIO VOLCY	5418 52nd Ave W. Bradenton, Ft 34210
Remove 2) Change Add			
Remove 3) Change Add		<u></u>	
Remove 4) Change Add			
Remove 5) Change Add			
Remove 6) Change			
Add Remove			
E. If amending or adding (attach additional sheets	additional Arti s, if necessary).	<u>cles, enter change(s) here</u> : (Be specific)	

			
<u></u>			
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			_
			
			
			
	MARCH 6, 2021		
The date of each amendment			if ashar shan sha
date this document was signed.			, ii other than the
	MARCH 22,2021		
Effective date if applicable:	(no more than 90 days after		
	(no more than 90 days after	amenament file date)	
Note: If the date inserted in the document's effective date on the	s block does not meet the applicable stee Department of State's records.	atutory filing requirements, this date will not b	e listed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/www.was/were sufficient for ap	ere adopted by the members and the nu proval.	mber of votes cast for the amendment(s)	

Signature (By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or	other court appointed fiduciary by that fiduciary)	adopted by the boat Dated Signature	By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or
LESLY JULES			(Typed or printed name of person signing)
LESLY JULES	(Typed or printed name of person signing)		PRESIDENT
(Typed or printed name of person signing)			(Title of person signing)