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SECRETARY OF STATE

K. SALY NOV 3 0 2017

COVER LETTER ,

	ision of Corp			
SUBJECT:	APCO & M	AGS LLC		
SUBJECT.		Name of Limi	ited Liability Company	. ,
The enclosed	Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		Manuel A. Gonzalez		
			Name of Person	
		APCO & MAGS LLC		
			Firm/Company	
		8162 NW 114th PL		
			Address	
		Doral, FL 33198		
			City/State and Zip Code	
		magonzalex@icloud.com	to be used for future annual report noti	fication
For further in	nformation co	oncerning this matter, please ca	·	
Stuar	+ Bar	Person	at (239) 464-	8331
	Name of	Person	at (<u>239</u>) <u>464</u> Area Code Daytim	e Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 F	iling 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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ZOITHOV 27 PH 4. 08

TALLAHASSEE, FLORIDA

APCO & Mags PROPERTIES 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 Co	ompany were filed on 11/20/2017	and assigned
Florida document number L1700023926	<u>.</u> a	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
APGO & MAGS LLC		
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	(ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registered agent and/or the new registered office additional Name of New Registered Agent:		ords, enter the name of the new
New Registered Office Address:	Enter Florida street ac	ddress
		. Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered	d Agent:	
I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and confidence the obligations of my position as registered agent being filed to merely reflect a change in the registere company has been notified in writing of this change.	omplete performance of my dutie. gent as provided for in Chapter 6 ed office address, I hereby confirm	s, and I am familiar with and 05, F.S. Or, if this document is
	If Changing Registered Agent, Signal	
	If Changing Registered Agent, Signat	ture 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: 2017 NOV 27 PM 43 08 MGR = Manager AMBR = Authorized Member TALLAHASSEE. FLORIO: **Type of Action** <u>Title</u> <u>Name</u> **Address** □ Add □ Remove _____ Change _____ Remove □ Add ☐ Remove ☐ Change □ Add _□ Remove ☐ Change _□ Add ☐ Remove _□ Change _□ Add _□ Remove ☐ Change

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ctive date, if other than the date of filing:effective date is listed, the date must be specific and canno	11/22/3	2017	(optional)	
effective date is fisted, the date must be specific and cannon of the first fitted from the fitter of the fitter from the fitt	t be priof to date of se applicable statu	filing or more than s tory filing require	00 days after filing	.) Pursuant to 605.0 will not be listed
iment's effective date on the Department of State's		nory ming require	inemia tino date	Will hot be listed
ecord specifies a delayed effective date,	but not an eff	ective time, a	t 12:01 a.m.	on the earlie
e 90th day after the record is filed.			1	
d Novembro 22. 2 Dramil a. S.	017.			
-/ Gunt /il X	3 Jun 5	2		
Signature of a membe	<u> </u>			

Page 3 of 3

Filing Fee: \$25.00