

49000214931

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

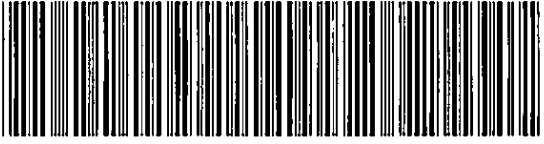
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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K#
1/30/24

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AP Professional Solutions L.L.C.
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:

Ampere Warren
Name of Person

AP Professional Solutions, LLC.
Firm/Company

1317 EDgewater DR. Suite #5688
Address

Orlando, FL 32804
City/State and Zip Code

AWARREN@APPROSOLUTION.COM.
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ampere Warren at (407) 394 0323
Name of Person Area Code Daytime Telephone Number

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TALLAHASSEE STATE

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**

AP Professional Solutions 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 on 8/22/2019 and assigned Florida document number L19000214931.

This amendment is submitted to amend the following:

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

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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: _____

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

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OFFICE

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>
MGR	Ampere Warren	1317 EDGEWATER DR. #5688.	<input checked="" type="checkbox"/> Add
		Suite #5688.	<input type="checkbox"/> Remove
		ORLANDO, FL 32804	<input type="checkbox"/> Change
MGR	Aimee Pebsworth	5459 VINELAND RD. Apt # 4104 ⁴¹⁰⁴	<input type="checkbox"/> Add
		Orlando, FL 32811	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	NATHANIEL JONES	1317 EDGEWATER DR.	<input type="checkbox"/> Add
		Suite #5688	<input checked="" type="checkbox"/> Remove
		ORLANDO, FL 32804	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 CLERK OF DISTRICT COURT
 1ST DISTRICT
 TAMPA, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

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DEPARTMENT OF STATE

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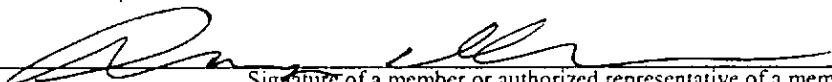
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated JANUARY 5, 2024, 2024.


Signature of a member or authorized representative of a member

Ampere WARREN.
Typed or printed name of signee