## LZ300050354H

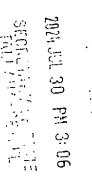
(Requestor's Name)
(Address)
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(Business Entity Name)
(Document Number)
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## **COVER LETTER**

	gistration Sec vision of Corp		•	•
CHRICAT	ворувуо	DDO LLC		*
SUBJECT:		Name of Limi	ited Liability Company	·
The enclosed	d Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return	n all correspoi	ndence concerning this matter	to the following:	
		Emmanuel nelson		
			Name of Person	
		Apexfinity Solutions LLC		
			Firm/Company	<del></del>
		218 Oakview Ave		
			Address	
		Auburndale Florida 33823		
			City/State and Zip Code	
		nelson@apexfinitysolutions	.com	
		E-mail address: (	to be used for future annual report no	tification)
For further i	nformation co	oncerning this matter, please ca	ail:	
Emmanuel nelson		863 4099483		
	Name of	f Person	at () Area Code Dayti	me Telephone Number
<b>.</b>		en :		
Enclosed is	a check for th	ne 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)
Ma	ailing Addres	ç.	Street Address:	
	gistration S		Registration S	
		orporations	Division of Co	
P.0	O. Box 632	.7	The Centre of	Lallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

any as it now appears on our records.) Liability Company)
were filed on and assigned
pility company here:
ility Company," the designation "LLC" or the abbreviation "L.L.C."
7901 4TH ST N ST PETERSBURG, FL 33702
7901 4TH ST N STE 300 ST PETERSBURG, FL 33702
address on our records, enter the name of the new regi
Enter Florida street address
, Florida

## 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 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>	ype of Action
AMBR	ISHMAEL WILSON	7901 4TH ST N STE 300 ST PETERSBURG, FL 337	( _ <b>≣</b> Add
			□Remove
			_
AMBR	ANDREA OWUSU	7901 4TH ST N STE 300 ST PETERSBURG, FL 337	
			Remove
			_ Change
			_ □Add
			_□Remove
			_ □Change
			_ □Add
			_ □Remove
			_ 🗆 Change
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Effectiv	ve date, if other than the date of filing: (optional) ctive 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 605.020
lf an effe Note: I	ctive 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 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
	ent's effective date on the Department of State's records.
	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
rd is file	ď.
ier is tiff	
-	13/07/2024
-	23/07/2024
-	· · · · · · · · · · · · · · · · · · ·
-	Signature of a member or authorized representative of a member