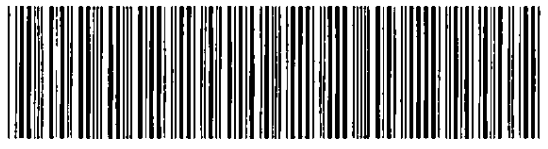


M23000003368



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2023 OCT 30 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FL

(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: W130123

no name
Wrong jurisdiction

Office Use Only



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 13, 2023

PABLO MARTIN CARPANETTO
1395 BRICKELL AVE, SUITE 800
MIAMI, FL 33131 US

SUBJECT: AP CINCO LLC
Ref. Number: M23000003368

We have received your document for 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 Jurisdiction list in the document is inaccurate as this is a Foreign registration. If you wish to change Jurisdictions, please look into our conversion forms on Sunbiz.org.

If you have any further questions concerning your document, please call (850) 245-6000.

Summer Chatham
Regulatory Specialist III
Director's Office

Letter Number: 123A00018497

AUG 13 2023

October 24, 2023

FLORIDA DEPARTMENT OF STATE

Division of Corporations

Attn: Summer Chatham

P.O. Box 6327

Tallahassee, Florida, 32314

SUBJECT: AP CINCO, LLC

Ref. Number: M23000003368

Dear Summer,

I hope this letter finds you well. I am writing to formally request changes to the existing arrangements with regard to the membership and managerial roles within AP CINCO, LLC.

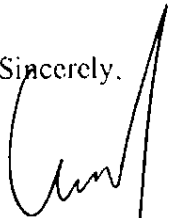
Enclosed, you will find the corrected forms, which reflect the following changes:

1. Removal of *Mr. Carpanetto* and *Ms. Morelli* as Members.
2. Removal of *Alejandro Winkler* as Manager.
3. Appointment of *MAGAP5 LLC* as Manager.

I kindly request that you review the enclosed forms and, if needed, please don't hesitate to reach out for any additional information or documentation to facilitate these changes.

Thank you for your cooperation.

Sincerely,



Alejandro Winkler

alejandrow@awagroup.us

(786) 719-7920

COVER LETTER

TO: Registration Section
Division of Corporations

AP CINCO, LLC

SUBJECT: _____
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALEJANDRO WINKLER

Name of Person

AP CINCO, LLC

Firm/Company

1395 BRICKELL AVE., SUITE 800

Address

MIAMI, FLORIDA 33131

City/State and Zip Code

alejandro@awa-realty.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALEJANDRO WINKLER 786 719 7920

Name of Person at () Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

- \$25 Filing Fee \$30 Filing Fee & Certificate of Status \$55 Filing Fee & Certified Copy \$60 Filing Fee, Certificate of Status & Certified Copy

**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: AP CINCO, 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)

M123000003368

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

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 03/16/2023

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.")

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TALLAHASSEE, FL

(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

City Florida 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

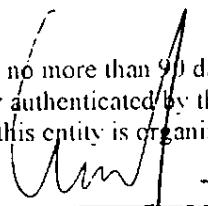
If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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>
MBR	CARPANETTO, PABLO M	1395 BRICKELL AVE., SUITE 800 MIAMI, FL 33131	<input type="checkbox"/> Add <input type="checkbox"/> Remove
MBR	MORELLI, ANABELA	1395 BRICKELL AVE., SUITE 800 MIAMI, FL 33131	<input type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	WINKLER, ALEJANDRO	1395 BRICKELL AVE., SUITE 800 MIAMI, FL 33131	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	MAGAP5, LLC	1395 BRICKELL AVE., SUITE 800 MIAMI, FL 33131	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

SECRETARY OF STATE
 TALLAHASSEE, FL
 2023 OCT 30 PM 1:55
 FILED

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

Alejandro Winkler

Typed or printed name of signee

Filing Fee: \$25.00