Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number

(855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:_		
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN APEROL 1 LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Aperol 1 LLC		
(Name of the Limited Liability (A Florida Li	Company as it now appears on our records.) mated Liability Company)	
The Articles of Organization for this Limited Liability Conflorida document number L18000239616	npany were filed on 10/09/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and contain the words "Limite	d 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 ADDRE	<u></u>	
Enter new mailing address, if applicable:		Series B. C.
(Mailing address MAY BE A POST OFFICE BOX)		1
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre	red office address on our records, <u>e</u> ss here:	nter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Fiorida street address	
····	, Floric	
	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

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>	Name	Address	Type of Action
MGR	APEROL HOLDINGS LLC	PO BOX 8462	
		SCOTTSDALE, AZ 85252	☑ Remove
			□ Change
MGR	Katherine Fischer	PO BOX 8462	_ _ _
		SCOTTSDALE, AZ 85252	Remove
			Change
MGR	Josh Cossey	PO BOX 8462	☑ Add
		SCOTTSDALE, AZ 85252	Remove .
			D.Change
			Between
		 	Change
			Remove
			Change
			□ Remove
			Change

Effective date, if other than the date of filing: (uptional)		
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	Signature of a member or authorized represe	entative of a member

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Filing Fee: \$25.00