# L05 000000581

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	idress)	<del></del>
(Ci	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		1/18 /
	Office Use Only	Mac



800044044088

ता अवसित् कामहार सरा ५० ५०

ZOUS JAN 10 PH 3: 2: SEGNETARY STATE

## TRANSMITTAL LETTER

Division of Co				
SUBJECT: A	Plus Proper	to LLC		
<del>*************************************</del>		mited Liability Company)		
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.		
Please return all corres	pondence concerning this matter	r to the following:		
	Lois Co	orsi		
	()	Name of Person)		
	1 DI P			
	A Plus 17	sojeds LLC Firm/Company)		
	7304 Riple	y ct.		
	,	(Address)		
	Orlando I (City	1.32836		
	(City)	(State and Zip Code)		
For further information	concerning this matter, please of	eall:	2005 SEC	
ŧ			JAN AHAA	77
	(Name of Person)	at ( 407 ) 36.	35785	
	(Name of 1 erson)	eall:at ( <u>'\'\'\'\'\'\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	Telephone transcer)	
Enclosed is a check for the	a Catlavoino amount		3: 23 SRIDA	٠
\$25.00 Filing Fee	•		≫" <b>ω</b>	
ex 325.00 rining rec	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status &	
		(additional copy is enclosed)	Certified Copy (additional copy is enclose	ed)

### STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

### **MAILING ADDRESS:**

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	A	Plus	Proy	ects LL	C		
			<b>(P</b> r	esent Name) uited Liability Comp			
FIRST: SECOND:	The Articles of Org document number.  The following as liability company:	mendment(s)	to the Ar	ticles of Organiza	ation was/were a	- ·	
		AP	los	Projec	ts LLC	•	
						7A.S	
	,					2005 JAN 10 PH 3: 2: SECRETARY OF STATE ALLAHASSEE, FLORID,	-
Dated	01/05		, <u>Zoo</u>	5		N 10 TARY ASSE	FILE
		•				و الراد 14	m
			1.5	Crr'5		3: 2 ORIG ORIG ORIG	D
	S	ignature of a m	nember or at	ithorized representa	tive of a member		
		Ĺ	250	orsi			
	<del></del>	···	Typed or pr	inted name of signe	e		

Filing Fee: \$25,00