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SECRETARY OF STATE

T. CLINE

MAY 2 1 2009

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 11, 2009

ANDRE SMUTS 528 SPORTSMAN PARK DR SEFFNER, FL 33584

SUBJECT: APCO ENTERPRISES LLC

Ref. Number: L05000019959

We have received your document for APCO ENTERPRISES LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please can (850) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 409A00015877

TO:	Registration Se	ction				
10.	Division of Corp					
SUBJE	ECT:	Name of Lim	APCO Ender Pris	ies LLC		
The en	closed Articles of	Amendment and fee(s) are sul	omitted for filing.			
Please	return all correspon	ndence concerning this matter				
		A A A A Salfra	Name of Person PCO Enterprises Firm/Company Sportsman Paradoress FL 33584 City/State and Zlp Code 5 muts 2 6 juno to be used for future annual repensational	ole Pr	2009 MAY 18 1 SECRETARY D TALLAHASSEE	and the second s
For fur	ther information co	E-mail address: (on)	AH 10: 42 OF STATE E.FLORIDA	A straight
	Andre Name of	Smuts FPerson	at (<u>813)</u> 8 17 2 Area Code & Daytime Te	2824 lephone Number		
Enclos	ed is a check for th	e following amount:				
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee Certificate of S Certified Copy (additional copy	tatus &	

MAILING ADDRESS:

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

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

APCC	Enterpr	ises LLC	, -	
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears of ited Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability Complete Florida document number	pany were filed on A	pril 21,20	⊠ & and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	Tub a	Til R	estoration	<i>LLC</i>
The new name must be distinguishable and end with the words "L.L.C."	'Limited Liability Company	," the designation "Ll	LC" or the abbreviation	on
Enter new principal offices address, if applicable:		•	CRE	
(Principal office address MUST BE A STREET ADDRES	(S)		TARY ASSE	Name of the last o
Enter your mailing address if applicables	·		AM IO:	71
Enter new mailing address, if applicable:			まず た	
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		records, <u>enter th</u>	ne name of the ne	e <u>w</u>
Name of New Registered Agent:				
New Registered Office Address:	Enter	Florida street addr	·ess	
	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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

<u> Fitle</u>	<u>Name</u>	Address	Type of Action
		 	Add
			☐ Pamova
			Tolk om com.
			S MAY I
			FLORE STA

			CD amous
). If amer	nding any other information, ente	r change(s) here: (Attach additional sheets,	if necessary.)
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_			
Dated	May 14	2009. Do	
	Signature of a	member or authorized representative of a member of a m	muts

Page 2 of 2

Filing Fee: \$25.00