

LO6000102934

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

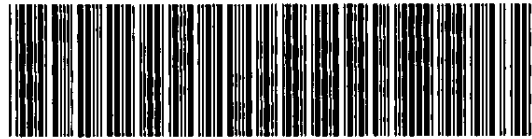
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500182627795

06/28/10--01006--011 **25.00

T. CLINE
JUN 29 2010
EXAMINER

FILED
2910 JUN 28 AM 10:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: APO'S Interior ELite LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Isreal Gonzalez
Name of Person

APO'S Interior ELite LLC
Firm/Company

9225 NELSON PARK Circle UNIT 103
Address

ORlando, FL 32817
City/State and Zip Code

Interiorelite@aaposmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Isreal Gonzalez at 954 448-4658
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the 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)

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

FILED
2018 JUN 28 AM 10:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

APO'S Interior ELITE LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/23/06 and assigned
Florida document number L06000102934

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited 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 ADDRESS)

9225 Nelson PARK Circle
Unit 103
ORlando, FL 32817

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9225 Nelson PARK Circle
Unit 103
ORlando, FL 32817

B. If amending the registered agent and/or registered office 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:

ISRAEL GONZALEZ

New Registered Office Address:

9225 Nelson PARK Circle Unit 103
ORlando, Florida 32817
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 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.

Israel Gonzalez
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:

MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
MGR	CARLOS GONZALEZ	315 MAYWOOD AVE SPRING HILL FL 34666	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	WILLIAM GONZALEZ	7411 N 67th AVE HOLLYWOOD, FL 33024	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	JUAN GONZALEZ	121 GOLDEN ISLE DR HALLANDALE, FL 33009	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	OMAR CESTERO	9225 NELSON PARK CIR Unit 103 ORLANDO, FL 32817	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	GABRIELA ABUILAR	6721 JOHNSON ST #103 HOLLYWOOD, FL 33024	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	YOLANDA GONZALEZ	9225 NELSON PARK CIR Unit 103 ORLANDO, FL 32817	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

TITLE	NAME	Address	Type of Action
MGR	LUZ FUENTES	5035 SW 29th ST DAVIE, FL 34666	<input checked="" type="checkbox"/> Remove

" LUZ FUENTES Needs to be Removed

Dated

06/22/10

Signature of a member or authorized representative of a member

Israel Gonzalez

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
JUN 28 AM 10:41

LED