## L07000099282

(Re	equestor's Name)			
(Ad	dress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
	·			

Office Use Only



400187073294

10/27/10--01017--010 \*\*25.00



D. BRUCE
OCT 28 2010
EXAMINER

## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT:			
	Name of Limi	ted Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		Name of Person	
		Firm/Company	
		Address	
	PALM BE	EACH GARDENS, FL 3341	
		City/State and Zip Code	TO OCT 27 LLAHASSEE
	E-mail address: (	to be used for future annual report notification	ation) SSE 27
For further information	concerning this matter, please c	eali:	HASSEE, FLORIGE 22
Ll	JISA BOSSO	at ( 561 ) 6	82-1078
Name	of Person	Area Code & Daytime	
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		STREET/COURIE	R 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

HOLDINGS,	LLC	
ny as it now appea liability Company)	rs on our records.)	
were filed on	09/28/2007	7 and assigned
ility company he	re:	
ted Liability Comp	pany," the designation	n "LLC" or the abbreviation
incipal offices address, if applicable: C/O APELGREN CORP		
800 MCCLU	RE ROAD	Po:
PAHOKEE,	FL 33476	\$ 0 \$ 2
		TZ ASS
9703 CHAPI	MAN OAK COU	のプレー
PALM BEAC	CH GARDENS,	FL 3340 M
		SE SO
	Ì	- cu
	our records, ent	er the name of the new
<u>c</u> .		
	<del></del>	
Enter Florida street address , Florida		
1	were filed on  idity company he  idity company he  idity company he  idity company he  C/O APELG  800 MCCLU  PAHOKEE,  9703 CHAPI  PALM BEAC  fice address on e:	ted Liability Company," the designation  C/O APELGREN CORP  800 MCCLURE ROAD  PAHOKEE, FL 33476  9703 CHAPMAN OAK COUPALM BEACH GARDENS,  fice address on our records, enterest

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 of 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 Type of Action **Address** <u>Title</u> Name 1 MGR MARK SODDERS ☐ Add Remove DALLAS APELGREN MGR 9703 CHAPMAN OAK COURT **✓** Add PALM BEACH GARDENS FL 33410 Remove ☐ Add Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) OCTOBER 22 2010 Dated Signature of a member or authorized representative of a member DALLAS APELGREN Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00