

L 08000009284

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
APOGEE 1702 LLC

Certificate of Status	1
Certified Copy	0
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TALLAHASSEE, FLORIDA

A. LUNT

SEP 24 2010

EXAMINER

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: APOGEE 1702 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:

MARITZA E. PEREZ

Name of Person

CANTOR & WEBB P.A.

Firm/Company

1001 BRICKELL BAY DRIVE, #3112

Address

MIAMI, FLORIDA 33131

City/State and Zip Code

MARITZA@CANTORWEBB.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARITZA E. PEREZ

Name of Person

at (305)

374-3886

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

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TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

APOGEE 1702 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 01/25/2008 and assigned
Florida document number L08000009284.

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**)

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

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:

CW CORPORATE SERVICES LLC

New Registered Office Address:

1001 BRICKELL BAY DRIVE, #3112

Enter Florida street address

MIAMI

Florida

33131

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.


If Changing Registered Agent, Signature of New Registered Agent

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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	SLC CORPORATE SERVICES	1001 BRICKELL BAY DRIVE SUITE 3112 MIAMI, FLORIDA 33131	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	MOINES LIMITED	1001 BRICKELL BAY DRIVE SUITE 3112 MIAMI, FLORIDA 33131	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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Add
Remove
Add
Remove
Add
Remove
Add
Remove

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

Dated SEPTEMBER 23, 2010

Signature of a member or authorized representative of a member

MARITZA E. PEREZ, AUTHORIZED SIGNATORY

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

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