L080000 18111

(Re	questor's Name)	
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(Au	uicss)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(5)	·	
(Bu	siness Entity Nar	me)
(Do	cument Number)	1
Certified Copies	_ Certificate:	s of Status
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Special Instructions to	Filing Officer:	
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D. BRUCE SEP 15 2010 EXAMINER

COVER LETTER

TO: Registration S Division of Co				
SUBJECT:	A. P. E. R.	Construction, LLC.		
		ited Liability Company		
	f Amendment and fee(s) are su ondence concerning this matte	-		
	Jo	ose Andarcio-Gonzalez		
		Name of Person		
	A.P	.E.R. Construction, LLC.		
		Firm/Company		
		00.40.0041.00011044		
	1	8340 SW 296th Street Address		
		Address		
	ŀ	Homestead, FL 33030		
	***	City/State and Zip Code		
aper		construction@bellsouth.net		₽o. →
	E-mail address: (to be used for future annual report notific	ation)	10 SEP
For further information	concerning this matter, please	call:		EP I L PH
Jose A	ndarcio-Gonzalez	at (786)8	353-9048	ILED IARY OF STATE ASSEE, FLORIDA
Name of Person		Area Code & Daytime		
	•			YOF STA
Enclosed is a check for	the following amount:			TE ADA
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Certificate of Certified Conditional	of Status &
	LING ADDRESS:	STREET/COURIE Registration Section		

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A	.P.E.R Construction, LL	<u>C.</u>	
(<u>Name of the Limite</u> (d Liability Company as it now app A Florida Limited Liability Compan	ears on our records. y)	
The Articles of Organization for this Limited	8/14/2008	and assigned	
Florida document number L0800007	<u>'8111</u> .		
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liability company	<u>here</u> :	
	N/A		
The new name must be distinguishable and end w "L.L.C."	ith the words "Limited Liability Cor	npany," the designation "l	LC" or the abbreviation
Enter new principal offices address, if appli	cable: N/A		
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	N/A		10 SEP 14 SECHETARY FALLAHASSE
B. If amending the registered agent and registered agent and/or the new registered		n our records, enter t	OF THE WATER ATTER
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Enter Florida street ada	lress
		, Florida	
	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

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

Type of Action Title Name Address MGRM Isabel M. Fernandez 1001 SW 100th Court __ ✓ Add Remove Miami, FL 33030 N/A ___ Add Remove N/A ☐ Add ☐ Remove N/A ☐ Add Remove N/A □Add Remove N/A ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) N/A September 10 2010 Dated __ Signature of a member or authorized representative of a member Jose Andarcio-Gonzalez Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00