

L08000078556

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

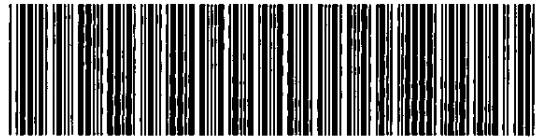
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10 APR 23 PM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES

APR 26 2010

EXAMINER



Department of the Treasury
Internal Revenue Service
Ogden, UT 84201

In reply refer to: 0442782128
Apr 05, 2010 LTR 147C
80-0573417

AP ENTERTAINMENT LLC
GEORGE LUIS CABOVERDE SOLE MBR
6313 NW 201ST TER
MIAMI FL 33015

Taxpayer Identification Number: 80-0573417

Form(s):

Dear Taxpayer:

This letter is in response to your telephone inquiry of April 5th, 2010.

Your Employer Identification Number (EIN) is 80-0573417. Please keep this number in your permanent records. You should enter your name and your EIN, exactly as shown above, on all business federal tax forms that require its use, and on any related correspondence documents.

If you have any questions regarding this letter, please call our Customer Service Department at 1-800-829-0115 between the hours of 7:00 AM and 10:00 PM. If you prefer, you may write to us at the address shown at the top of the first page of this letter. When you write, please include a telephone number where you may be reached and the best time to call.

Sincerely,

TRACY REED

29-86477

Customer Service Representative

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AP Entertainment 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:

George Caboverde Luis
Name of Person

Firm/Company

6313 NW 201 Ter
Address

Miami, FL 33015
City/State and Zip Code

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

For further information concerning this matter, please call:

George Caboverde Luis at (786) 553-0155
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

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

AP Entertainment LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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10 APR 23 PM 2:17
CLERK OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on November 30, 2009 and assigned
Florida document number L08000078556.

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)

6313 NW 2017er

Miami, FL 33015

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:

New Registered Office Address:

Enter Florida street address

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	George Caboverde Luis	6313 NW 201 Ter Miami, FL 33015	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Michael Eugene Larson	6313 NW 201 Ter Miami, FL 33015	<input type="checkbox"/> Add <input checked="" 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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10 APR 23 PM 2:47
TALLAHASSEE, FLORIDA
CLERK OF SUPERIOR COURT

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

The only thing that change was that Michael Eugene Larson is no longer on the Company and the old EIN# is not active no more. The new EIN# is under the only Owner of APE Entertainment LLC, now that George Caboverde Luis. I attach additional sheets

Dated April, 16, 2010

George Caboverde Luis

Signature of a member or authorized representative of a member

George Caboverde Luis

Typed or printed name of signee