

L08000093951

(Requestor's Name) _____

(Address) _____

(Address) _____

(City/State/Zip/Phone #) _____

PICK-UP WAIT MAIL

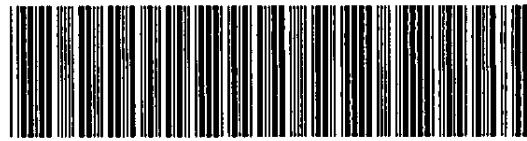
(Business Entity Name) _____

(Document Number) _____

Certified Copies _____ Certificates of Status _____

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05/15/13--01014--001 **55.00

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13 MAY 15 AM 11:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
MAY 16 2013
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: APS Distributors, LLC
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Anthony P Serino
(Contact Person)

APS Distributors, LLC
(Firm/Company)

4100 North Powentline Rd. Bld. H.5
(Address)

Pompano Beach, FL 33073
(City, State and Zip Code)

For further information concerning this matter, please call:

Anthony P Serino at (954) 784-5557
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

\$25 Filing Fee

\$55 Filing Fee &

Certified Copy

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

APS Distributors, LLC

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

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13 MAY 15 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 10-2-2008 and assigned
Florida document number L08000093951

This amendment is submitted to amend the following:

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

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

N/A

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:

N/A

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.

N/A

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:

FILED

MGR = Manager

MGRM = Managing Member

13 MAY 15 AM 11:14

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>SECRETARY OF STATE</u>	<u>Type of Action</u>
MGR	Anthony P SERING	4100 North Powerline Rd Bld. H-5 pompano beach, FL 33073	TALLAHASSEE, FLORIDA	Add
				Remove

MGR	Charles Bennington	4100 North Powerline Rd Bld. H-5 pompano Beach, FL 33073	Add
			Remove

Add

Remove

Add

Remove

Add

Remove

Add

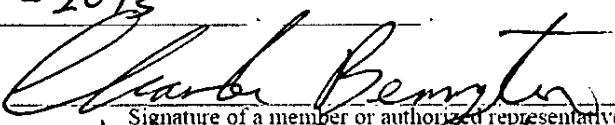
Remove

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

13 MAY 15 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated 5-14-2013



Signature of a member or authorized representative of a member

Charles Bennington

Typed or printed name of signee

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Filing Fee: \$25.00