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SECRETARY OF STATE
TALLAHASSEE, FLORID

D. BRUCE

AUG 0 4 2009

**EXAMINER** 

## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT:	APEIRON IN Name of Lim	VETMENTS LLC ited Liability Company	<del></del>
	Amendment and fee(s) are sul		
		Name of Person  IN VETMENTS LLC Firm/Company	<u>)                                    </u>
	MAMI	Address  FL 33166  City/State and Zip Code  WEXO COMPUTER. CO	09 AUG - SECRETA TALLAHAS
LEONALDO	E-mail address: ( concerning this matter, please of SALGJERO of Person	to be used for future annual report notifica	PH 2: 3 PEF. FLORI
Enclosed is a check for the \$25.00 Filing Fee	he following amount:  \$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)
			A DADEGO.

### 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

APEIRON INVETME	
(Name of the Limited Liability Co	mpany as it now appears on our records.) ited Liability Company)
The Articles of Organization for this Limited Liability Completion of Complete Logo Co	pany were filed onand assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here:
APEIRON INVESTM	IENTS LLC
The new name must be distinguishable and end with the words "L.L.C."	Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRES.)	O9 AUG -3 SECRETAR TALLAHASSI
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	PH 2: 37 OF STATE E. FLORIDA
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	d office address on our records, enter the name of the new here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
<del></del>	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent	ent:

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 = M	lanaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	SALGUERO, OCTAVIO A	8606 NW 70TH STREET MIAMI, FL 33166 USA	Add Remove
<u>MGRM</u>	LORAY, SABRINA M	8606 NW 70 <sup>TH</sup> STREET MIAMI, FL 33166 USA	Add Remove
			Add Remove
			Add Remove
·			Add Remove
			Add Remove
D. If amend	ing any other information, enter change	e(s) here: (Attach additional sheets, if necessary	
			O9 AUG.
			ARRY OF S
Dated	JULY 3155 200	tum	887 37 
•	<del>-</del>	or authorized representative of a member	
	SDL GOVE (C	O, LEONARDO V. or printed name of signee	
	• •		

Page 2 of 2

Filing Fee: \$25.00