

LO9000096440

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

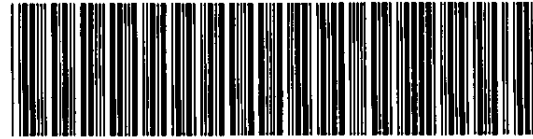
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DEC 08 2016  
S. YOUNG

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 OCT 31 PM 4: 05



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 2, 2016

JEAN M PIERRE  
A.P.I. CONSULTING, LLC  
550 NE 124TH STREET  
NORTH MIAMI, FL 33161

SUBJECT: A.P.I. CONSULTING, LLC  
Ref. Number: L09000096440

Old.  
RECEIVED  
2016 DEC -5 PM 4:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for A.P.I. CONSULTING, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young  
Regulatory Specialist II

Letter Number: 916A00023564

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 OCT 31 PM 4:05

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: API Consulting LLC - HAITIAN AMERICAN  
Name of Limited Liability Company Research Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JEAN M Pierre

Name of Person

API Consulting

Firm/Company

550 NE 124 Street

Address

Miami FL 33161

City/State and Zip Code

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

FILED  
STATE  
SECRETARY OF FLORIDA  
TALLAHASSEE, FLORIDA  
15 OCT 31 PM 4:05

For further information concerning this matter, please call:

Jean M Pierre

Name of Person

at

305 877 6772

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)

Return \$10 for \$35 check.

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**

API Consulting 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 OCT 6 2009 and assigned Florida document number L 09000096440

This amendment is submitted to amend the following:

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

HAITIAN AMERICAN Research Company LLC

The new name must be distinguishable and contain 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)

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PALM BEACH COUNTY  
16 OCT 31 PM 4:05

**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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
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_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

16 OCT 31 PM 4:03

SECRETARY OF THE ARMY  
WASHINGTON, D. C. 20315

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated Nov-30, 2016.

Signature of a member or authorized representative of a member

Team M Home

Typed or printed name of signee