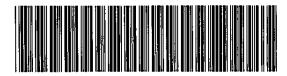
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COVER LETTER

TO: Registration S Division of Co		
	etronics & Services LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are submitted for filing.	
Please return all corresp	ondence concerning this matter to the following:	
	Ingrid Barreras Milanes	
	Name of Person	
	Apex Electronics & Services LLC	
	Firm/Company	
	13342 SW 152nd Street Apt 2712	
	Address	
	Miami, Florida 33177	
	City/State and Zip Code	
	diegordo@cosideco.com	
	E-mail address: (to be used for future annual report notification)	
For further information	concerning this matter, please call:	
Ingrid Barreras Milanes	305 216-2345 at ()	
Name	of Person Area Code Daytime Telephone Number	-
Enclosed is a check for	the following amount:	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee & ☐ Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	tatus &

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

Apex Electronics & Services LLC					
(Name of the Limited Lia) (A Flo	bility Company rida Limited Lia	as it now appears on oblity Company)	ur records.)		
The Articles of Organization for this Limited Liability Florida document number L10000010172	and assigned				
This amendment is submitted to amend the following	;;				
A. If amending name, enter the new name of the li	imited liabili	ty company here:			
he new name must be distinguishable and contain the words "I	Limited Liability	Company," the designa	tion "LLC" or the abbr	reviation "L.I	C."
Enter new principal offices address, if applicable:		13342 SW 152nd Street Apt 2712			
Principal office address MUST BE A STREET AD	DRESS)	Miami, Florida 33177	,	17.1	
				PR	÷.4
	•	13342 SW 152nd Stre	oot Apt 2712	-7 P	7.4.7 1.2.1 1.2.1 1.3.1
Enter new mailing address, if applicable:	-			=0 ===================================	- 10年1 <u>-</u> 第4
(Mailing address MAY BE A POST OFFICE BOX)		Miami, Florida 33177	'	02	<u> </u>
		· · · · · · · · · · · · · · · · · · ·	<u> </u>		27
3. If amending the registered agent and/or registered agent and/or the new registered office a Name of New Registered Agent:			records, enter the	he name (of the n
N P	15070 SW 103rd Lane Apt 2106 Enter Florida street address				
New Registered Office Address:					
Mi	ami		, Florida _3319	96	
_		City	, Fioriua	Zip Code	
New Registered Agent's Signature, if changing Registe	ered 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

Page 1 of 3

or removed from our records: MGR = Manager AMBR = Authorized Member **Type of Action Title** <u>Name</u> <u>Address</u> N/A _□ Add ☐ Remove _□ Change □ Add □ Remove _□ Change _□ Add □ Remove ☐ Change _□ Add □ Remove ☐ Change _□ Remove □ **Ch**ange □ Add ☐ Remove ☐ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

N/A		
		
		
·		
		
(If an effective date i Note: If the date	fother than the date of filing: 04/07/2017 (optional) s listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to inserted in this block does not meet the applicable statutory filing requirements, this date will not be tive date on the Department of State's records.	
	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the early after the record is filed.	arlier of:
Dated April 7	2017	7
Dated	<u> </u>	APR
		5
	Signature of a member or authorized representative of a member	- 544 - 22 - 32 - 34 - 34 - 34 - 34 - 34 - 34 - 34 - 34
Ingrid	Barreras Milanes	
	Typed or printed name of signee	

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Filing Fee: \$25.00