

L10000019081

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
THE REP FOR VETS LLC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

G. MCLEOD

AUG 23 2010

EXAMINER

**Transmittal Cover Sheet****From:**
Meredith Kimmel**Tel:**
954.468.1722**E-Mail:**
kimmelm@gtlaw.com

To:	Fax No:	Company:	Phone No.:
Division of Corporations	(850) 617-6383	Florida Department of State	

File No.: 007063.500119**Re:** APCI GP, LLC**Date:** August 20, 2010 08:41 AM**No. Pages:** Including Cover Sheet 4If you do not receive all pages properly, please call the sender.

Notes: Please return the necessary documents including the certified copy to my attention.
Please contact me with any questions.
Thank you,
Meredith Kimmel

Also sent via: ☐ US Mail ☐ Overnight ☐ Messenger ☐ Email ☒ No Other

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

THE REP FOR VETS 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 February 19, 2010 and assigned Florida document number L10000019081.

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)

4511 North Himes Avenue

Suite 100

Tampa, Florida 33614

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4511 North Himes Avenue

Suite 100

Tampa Florida 33614

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:

Registered Agent Solutions, Inc.

New Registered Office Address:

155 Office Plaza Drive, Suite A

Enter Florida street address

Tallahassee

City

Florida

32301

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

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

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

Article V of the Articles of Organization is hereby deleted in its entirety.

Dated August 17, 2010

By: Harry J. Binder

Signature of a member or authorized representative of a member

Binder & Binder - The National Black Security Disability Advocates U.C. Sole Member, By: Harry J. Binder Managing Member

Typed or printed name of signer