

Division of Corporations

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**L100000019823**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

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To:

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

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Account Name : BUSINESS FILINGS  
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Phone : (608) 827-5300  
Fax Number : (608) 827-5501

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Email Address:

agent@bizfilings.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
APEX COMMUNICATIONS LLC**

Certificate of Status	0
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DIVISION OF CORPORATIONS

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

APEX COMMUNICATIONS 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 2/22/2010 and assigned  
Florida document number L10000019823

This amendment is submitted to amend the following:

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

Apex Motors LLC

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)

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:

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

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

Title	Name	Address	Type of Action
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b))

Dated 8/30/2017

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Enrique Munizaga, Member

\_\_\_\_\_  
Typed or printed name of signee

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