## L10000019823

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## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJE	ECT: APEX MOTORS P	Bizts of OZLANDO, LCC.
The end	closed Articles of Amendment and fee(s) are sub	omitted for filing.
Please	return all correspondence concerning this matter	to the following:
	ENZIQUE APEX MO	Name of Person HORSPORTS OF ORLAND, UC
	LM. 3001916	Address  City/State and Zip Code  NIZACA O APEX CONIP. COM  (to be used for future annual report notification)
For fur	ther information concerning this matter, please c	all:
<del>2</del>	Name of Person	at (407) 694-6892  Area Code Daytime Telephone Number
Enclose	ed is a check for the following amount:	
<b>12</b> \$25	5.00 Filing Fee \$\times \text{Certificate of Status}\$	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)  ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

APEX MOTORSIBLES OF ORLANDO, 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 $\frac{02\sqrt{22\sqrt{2010}}}{2010}$ and assigned Florida document number $\frac{L}{20000}$ 19823					
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 contain the words "Limited Liab	oility Company," the desig	nation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:		<u> </u>			
(Principal office address MUST BE A STREET ADDRESS)		- E = -			
		O P			
Enter new mailing address, if applicable:		<u> </u>			
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>			
B. If amending the registered agent and/or registered		er records, <u>enter the name of the ne</u>			
registered agent and/or the new registered office address he					
Name of New Registered Agent:					
Name of New Registered Agent:					
	Enter Florida :	street address			
Name of New Registered Agent:					
Name of New Registered Agent:	Enter Florida : City				

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u> </u>	ADIZYMAIL G. MUNIZABA	1164 57, MISIZ LAV SANDFORD, FL 32773	
	MORYMAN G. POPIGHOA	SANS (0120), FL 32773	[ Remove
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f an effec Note:   I	e date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
	outh day after the record is fried.
The S	7025 7 2019
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Page 3 of 3

Filing Fee: \$25.00