

L100000029737

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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2017 MAR 24 AM 9:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
MAR 28 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____

APEX PS LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Samuel Soriero

Name of Person

Firm/Company

1680 Michigan Ave PH 4

Address

Miami Beach FL 33139

City/State and Zip Code

DHALABU@hotmail.com

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

For further information concerning this matter, please call:

David Halabzu

Name of Person

at (305)

Area Code

213 7625

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)

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 PS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 3-17-10 and assigned
Florida document number L10000 29737.

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 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)

1680 Michigan Ave PM4
Miami Beach FL 33139

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1680 Michigan Ave PM4
Miami Beach FL 33139

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:

Samuel Sciviero

New Registered Office Address:

1680 Michigan Ave PM4
Enter Florida street address
Miami Beach, Florida 33139
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.

[Signature]
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>
MGR	Samuel Sciero	1680 Michigan Ave N44 Miami Beach FL 33139	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

AMBR	Maxwell Walzer	1706 N 42 Ave Hollywood FL 33021	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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☐ Change

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9:54
SIA
FL
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OFFICE

2011 MAR 27
SECURITY OF STATE
TALLAHASSEE, FLORIDA

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SOUTH BAY OF FLORIDA
GULF BREESE

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.

(b) The 90th day after the record is filed.

Dated March 21, 2017

Signature of a member

Signature of a member or authorized representative of a member

Sarnet Schero

Typed or printed name of signee