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COVER LETTER

CUD IFOT.	APE Trai	nsportation Services $_{ m c}$ $^{ m L}$	L C	
SUBJECT:		Name of Limite	ed Liability Company	
The enclose	d Articles of	Amendment and fee(s) are subm	itted for filing.	
Please retur	n all correspo	ndence concerning this matter to	the following:	
		Steven Barnard		
			Name of Person	
		APE Transportation S	Services	
			Firm/Company	····
		11289 Persimmon Bl	vd.	
			Address	
		West Palm Beach. Fl	_ 33411	
	147a 316	Barny363@Bellsouth.		1.00
For further	information c	oncerning this matter, please cal	be used for future annual report noti	ncation)
Steve Ba	arnard		, 561 \ 790-7882	2
	Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclosed is	a check for th	ne 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)
		ING ADDRESS:	STREET/COUR Registration Section	

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

15 APR - 3 PM 2: 13

Zip Code

APE Transportation Services, 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 March 22, 2010 and assigned Florida document number L10000031246 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Alternate Plan Enterprises. LLC The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A 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: N/A Name of New Registered Agent: N/A New Registered Office Address: Enter Florida street address Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager

AMBR = Authorized Member **Title** Name <u>Address</u> **Type of Action** KM7 Via La Calera. **AMBR** Rebecca Acosta ■ Add Vereda El Hato. Lote B-4-2 ☐ Remove La Calera, Colombia KM7 Via La Calera. **AMBR** Rosman Acosta ■ Add Vereda El Hato. Lote B-4-2 ☐ Remove La Calera, Colombia ☐ Add ☐ Remove ☐ Add ☐ Remove □ Add ☐ Remove ☐ Add ☐ Remove

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		FILEU SECRETARY OF STATE DIVISION OF CORPORATION
		15 APR -3 PM 2: 13
The effective date, if other than the (The effective date must be specific, can the date this document is filed by the F	date of filing: not be prior to date of receipt or filed date and ca orida Department of State)	(optional) nnot be more than 90 days after
Dated March 30	Joia Bainan	
	Signature of a member or authorized represent Victoria Barnard	tative of a member

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Filing Fee: \$25.00