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	(Requestor's Name)	
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	(City/State/Zip/Phone #)	
PICK-U	P WAIT MAIL	<u>:</u>
***	(Business Entity Name)	
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	(Document Number)	
Certified Copies	Certificates of Status	
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A. LUNT

JUN 17 2010

EXAMINER

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BURNESSECTIONS

2910 JUN 15 PM 3: 6

Division of Corp	orations		•		
SUBJECT: Ape-1	Peral LLC				
		d Liability Company			
The enclosed Articles of A	mendment and fee(s) are subm	itted for filing.	,		
	dence concerning this matter to	-	; ;		_
	JAMES MCA	Mucra V			<u>.</u>
		Name of Person	- [
		F: - (C		24	
	/42 // C	Firm/Company		2010 JUN 15	7
	142. W. Suga	Address		्र ^{क्क} ्र ज	Taken.
	Beverly H	lills Florida	34465	F P C	
	JMCMUrray (City/State and Zip Code			
		be used for future annual report notific	ation)		
For further information cor	ncerning this matter, please cal	1:	•	•	
James Mex	Turra V	at (352) 270 Y	539		
Name of I	Person	Area Code & Daytime	Telephone Number		
Enclosed is a check for the	following amount:		:		
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	. Certified	te of Status & Copy	_4\
			(addition	al copy is enclose	;a)

MAILING ADDRESS:

TO:

Registration Section

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

Ape-Peral LLC			·
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on : Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Company	y were filed on June	09 2010	and assigned
Florida document number <u>L/00000 62389</u> .	-		_
This amendment is submitted to amend the following:	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	ř i 1	
A. If amending name, enter the new name of the limited lial Ape-Parel LLC	bility company here:	•	
The new name must be distinguishable and end with the words "Lim"L.L.C."	nited Liability Company," i	the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:	142. W. Sugarbe	ny.lo	
(Principal office address MUST BE A STREET ADDRESS)	Bevuly Hills	: F/	23
Enter new mailing address, if applicable:	34465		10 July 15
(Mailing address MAY BE A POST OFFICE BOX)			T B T
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	•	records, <u>ente</u>	- ·
Name of New Registered Agent:			
New Registered Office Address:		;	
· · · · · · · · · · · · · · · · · · ·	Enter Fi	lorida street a	ddress
	- 1.	. 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 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 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

<u>Title</u>	Name		Address		Type of Act	<u>ion</u>
				1	Add Remove	
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The state of the s		•		5.	Remove	
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D. If amendin	g any other information, enter ch	nange(s) here: (Attach additiona	il sheets, if necess	PA 9: 86	†
• • •				ţ		
Dated Jul	gank Mila	2010	<u>) </u>	•	• •	
-	Signature of a me	mber or	authorized representative of Murray printed name of signee	f a member		

Page 2 of 2

Filing Fee: \$25.00