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EXAMINE

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## COVER LETTER

Division of Corpo		•	, , , , , , , , , , , , , , , , , , ,		
ord leave.	Ape-t	oaral LLC			
SUBJECT:		d Liability Company	. :		
•			y .		
The enclosed Articles of A	mendment and fee(s) are subm	itted for filing.			
	lence concerning this matter to	<b>.</b>			
riease tetutt att correspond		James McMurray			E*
- 4 - 40 - 40 - 40 - 40 - 40 - 40 - 40		Name of Person			
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	, ,	Firm/Company	1.		
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		rly hills Florida, 344	165		ב ה ה
• •		City/State and Zip Code	. d		
	E-mail address: (to	urray@knights.ucf.e	ort notification)		5 C
For further information con	cerning this matter, please cal	1:			
Jame	s McMurray	at ( 352 )	270 453	9	
Name of I			Daytime Telephone	Number	
Enclosed is a check for the	following amount:	Same and the same			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is e	enclosed) C	0.00 Filing Fee, lertificate of Status certified Copy additional copy is en	
			!		
Registrat Division P.O. Box	IG ADDRESS: ion Section of Corporations 6327 ice, FL 32314	Registratio Division of Clifton Bu 2661 Exec	f Corporations [		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

APE-PAR	AL LLC	· · · · ·			
(Name of the Limited Liability Compar (A Florida Limited L	y as it now appear	s on our records.)			
(A Florida Limited L	iaumy Company)	· i			
The Articles of Organization for this Limited Liability Company	were filed on	6/15/10	and assigned		
Florida document numberL10000062389	- A				
	# # # # # # # # # # # # # # # # # # #				
This amendment is submitted to amend the following:			•		
A. If amending name, enter the new name of the limited liab	lity company her	<b>e</b> :			
APE-PARE	EL LLC		<u> </u>		
The new name must be distinguishable and end with the words "Limit	ted Liability Compa	ny," the designation "I	LC" or the abbreviation-		
"L.L.C."		3	2210		
Enter new principal offices address, if applicable:			* ja = 1,4 ja ;		
(Principal office address MUST BE A STREET ADDRESS)	.,	<u> </u>			
			2 Z		
			3		
Enter new mailing address, if applicable:		93	No. O		
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	<u>ਂ</u>	<u> </u>		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ur records, <u>enter t</u>	the name of the new		
TERISTET CU ARCHE ARGIOT THE NEW TERISTET CU OTTICE AGGIT CAS ITET	<b>K*</b> 4 - 4 - 1		A CONTRACTOR OF THE CONTRACTOR		
Name of New Registered Agent:					
Maille of New Kegistered Agent		<u> </u>			
New Registered Office Address:	F <sub>2</sub> ,	tou Florida street add	Haga		
	Enter Florida street address				
		, Florida	7. 0. 3		
•	City	,	Zip Code		
New Registered Agent's Signature, if changing Registered Agent:		,t 4			

If Changing Registered Agent, Signature of New 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 <u>Address</u> Type of Action Title Name ☐ Add Remove Remove ☐ Add Remove Add ପୀ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) This is my second Amendment, I may have put the last as Ape-Paral, but im sure that i double and triple checked. I would appreciate if my previouse one could be reviewed, and save me some more money. thank you. 6/19/10 Dated Signature of a member or authorized representative of a member James McMurray Typed or printed name of signee

Page 2 of 2

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