

L10000088106

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## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: APM Wholesale Direct 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:

Ariel Meltzer

Name of Person

APM Wholesale Direct LLC

Firm/Company

16361 Bracburn Ridge Trail

Address

Delray Beach, FL 33446

City/State and Zip Code

arim1980@gmail.com

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

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SECRET  
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For further information concerning this matter, please call:

Name of Person

at

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

APM WHOLESALE DIRECT LLC

The Articles of Organization for this Limited Liability Company were filed on 10/6/2013 and assigned Florida document number L10000088106.

ASD Holdings LLC

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	Brooke Friedman	16361 Braeburn Ridge Trail	<input checked="" type="checkbox"/> Add
		delray beach, fl, 33446	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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STATE  
SSEE, FL

**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.

Dated December 27, 2023

Ari P Meltzer

Typed or printed name of signee

**Filing Fee: \$25.00**