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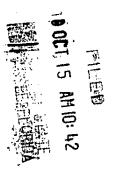
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S. HAWKES

OCT 1 8 2010

EXAMINER

COVER LETTER

TO:	Registration Sect Division of Corpo			,
SURIE	SUBJECT: Apex Enterprises, LLC			
301301			ted Liability Company	
		mendment and fee(s) are sub	_	
Please	return all correspond	lence concerning this matter	to the following:	
			David Swanson	
·			Name of Person	
-			Firm/Company	
		20	38 i Injugacity Agree Dr	
2838 University Acres Dr. Address				
			Orlando/FI 32817	
	City/State and Zip Code			
		Davidl E-mail address: (1	MSwanson@Hotmail.com to be used for future annual report no	1 dification)
For fur	ther information con	cerning this matter, please c	all:	
	David	d Swanson	at (407)	489-2942
	Name of P	erson		ime Telephone Number
Enclos	ed 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 enclose	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registrati Division P.O. Box		Registration Sec Division of Corp Clifton Building	porations
	Tallahass	ee, FL 32314	2661 Executive	Center Circle

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Apex Enterprises, LLC		
(<u>Name of the Limited</u> (A	Liability Company as it now appead Florida Limited Liability Company)	rs on our records.	
The Articles of Organization for this Limited L Florida document numberL10000090		8/30/2010	and assigned
This amendment is submitted to amend the foll A. If amending name, enter the new name o		re:	
The new name must be distinguishable and end wi "L.L.C."	th the words "Limited Liability Comp	any," the designation "L	C" or the abtoreviation
Enter new principal offices address, if applic	eable:		0: 52
(Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<i>BOX</i>)		
B. If amending the registered agent and/ registered agent and/or the new registered o		our records, <u>enter tl</u>	ne name of the new
Name of New Registered Agent:	David Swanson		
New Registered Office Address:	2838 University Acres Dr.	nter Florida street addi	ess
	Orlando	, Florida	32817
	City	, rivilua	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, Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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 **Address Type of Action Title** Name | MGR David Swanson 2838 University Acres Dr Orlando, Fl 32817 MGR Flann Fleischer 2838 University Acres Dr Orlando, Fl.32817 MGRM Tim Smoak 2838 University Acres Dr | Remove Orlando, Fl 32817..... ∏Add Remove □Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) October 14 2010 Dated Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00