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SECRETARY OF STATE

D. BRUCE

AUG 29 2011

EXAMINER

COVER LETTER

TO: Registration Division of C					
SUBJECT:	Apex E	nterprises, LLC			
		ited Liability Company			
The enclosed Articles	of Amendment and fee(s) are sul	bmitted for filing.			
Please return all corre	spondence concerning this matter	to the following:			
		Mitchell Swanson			
		Name of Person			
		2 1	••		
	À	pex Enterprises, LLC			
		Firm/Company			
	1 South	Orange Avenue, Suite 102	<u> </u>		
		Address		AHA AHA AHA AHA AHA AHA AHA AHA AHA AHA	1.00°
		Orlando, Fl 32801		SE	
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code		6 PM 4: [RY OF STATE SEE, FLORID	
		MSwanson@Hotmail.com			
	E-mail address: (to be used for future annual report notifi	cation)	유전 :	Come.
For further information	n concerning this matter, please of	call:		A O	
М	itchell Swanson	at (321)	287-4544		
. Nam	e of Person	Area Code & Daytime	Telephone Number	,	
Enclosed is a check fo	r the following amount:	,			
\$25.00 Filing Fee	\$30.00 Filing Fee &	\$55.00 Filing Fee &	\$60.00 Filing	Fee	
	Certificate of Status				
		(additional copy is enclosed)	·	py opy is enclosed)	
MAILING ADDRESS: Registration Section		STREET/COURI	ER ADDRESS:		
		Registration Section	n '		

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

*

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ape	ex Enterprises, LLC		
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appear ida Limited Liability Company)	s on our records.	
The Articles of Organization for this Limited Liabilit Florida document number L10000090699		8/30/2010	and assigned
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability company her	<u>e</u> :	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Compa	ny," the designation "L	
Enter new principal offices address, if applicable:			AHA AHA
(Principal office address MUST BE A STREET AD	ODRESS)		26 SSE
Enter new mailing address, if applicable:			STATE LORID
(Mailing address MAY BE A POST OFFICE BOX	1 S ORANGE	AVE STE 102	>
	ORLANDO, F	L 32801 US	
B. If amending the registered agent and/or re registered agent and/or the new registered office a	gistered office address on o address here:	ur records, <u>enter tl</u>	ne name of the new
Name of New Registered Agent:	TCHELL SWANSON	·····	
New Registered Office Address: 1 5	S ORANGE AVE STE 102		
		er Florida street addr	ess
	ORLANDO	, Florida	32801
New Dardstared Agent's Signature if shoughing Desirt	City		Zip Code

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 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 = Ma MGRM = N	anager Managing Member		
Title	Name	Address	Type of Action
MGR	DAVID SWANSON	821 E CHURCH ST ORLANDO, EL 32801	Add Remove
MGR	MITCHELL SWANSON	1 S ORANGE AVE, STE 102 ORLANDO, FL 32801	Add Remove
			Add Remove
			Add Remove
			Add Remove
*** *			Add Remove
D. If amend	ding any other information, enter cha	nge(s) here: (Attach additional sheets, if necessary.)	11 MUG 26 PM 4: 11
Dated	,,,,	1.1.b 00 D	
	Signature of a memb	per or authorized representative of a member	<u> </u>
	Mi	TCHELL SWANSON	
	Type	ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00