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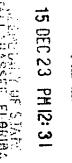
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PICK-UP	☐ WAIT	MAIL
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COVÊR LETTER.

TO:	Registration Sec Division of Corp				
SUBJI	ECT:		AP LLC ted Liability Company		
The en	closed Articles of A	mendment and fee(s) are subr	nitted for filing.		
Please	return all correspon	dence concerning this matter t	o the following:		
		JIM	u BALL		
			Name of Person		
			Firm/Company		
		1131	BAY CT		
		***	Address		
		DES	TIN PL	32541	
		Jimed	City/State and Zip Code	rs, com	
For fur	ther information co	E-mail address: (t ncerning this matter, please ca	o be used for future annua	l report notification)	
101101		meering and matter, preuse ea			
	JIM Name of	BALL Person	at (850)	C 85 - 29 Daytime Teleph	
Enclos	ed is a check for the	e following amount:			
□ \$2 .	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy (additional copy is en		\$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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

0	PI CAP LLC	
(Name of the Limited) (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liabi Florida document number		and assigned
This amendment is submitted to amend the following		
A. If amending name, enter the new name of th	e limited liability company here:	
JI	M BALL LLG	
The new name must be distinguishable and contain the word	s "Limited Liability Company." the designation "LLC" or the abbrevia	ation "L.L.C."
Enter new principal offices address, if applicable	le:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
D. If amonding the project and on the and on the second areas are are also are a second areas are a second are a second areas are a second are a second areas areas are a second areas are a secon	registered office address on our records, enter the	Shows of the new
B. If amending the registered agent and/or registered agent and/or the new registered office	· -	+ 85 5 5
Name of New Registered Agent:		P D
New Registered Office Address:	TAI C	<u> </u>
	Enter Florida street address >>	
	, Florida	- C I
	City Z	ip 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 605, 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

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Filing Fee: \$25.00