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B. BOSTICK

SEP 2 0 2013

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COVER LETTER

Division of Corporations	
SUBJECT: A.P. Remedy 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:	
Luis Candelario Name of Person	
A.P. Remedy, LLC	
10456 Trianon Pl	
Wellington Fl 33449 City/State and Zip Code	
CGroup 49@ Yalvo Com E-mail address: (to be used for future annual report notification)	28 S
For further information concerning this matter, please call:	3EP
Luis Candelario (56), 603-5921	- 19 - 18
Name of Person Area Code & Daytime Telephone Number	୍ୟ ଫ୍ର 53
Enclosed is a check for the following amount:	
S25.00 Filing Fee S30.00 Filing Fee Scrifficate of Status Certified Copy (additional copy is enclosed) Certificate of Status Certified Copy (additional copy is enclosed)	Status &

MAILING ADDRESS:

TO:

Registration Section

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

. Health	* Rem	edy, LL	-C		
(Name of the Limited Li (A Fl	ability Company orida Limited Lia	as it sow appears on oblity Company)	our records.)		
The Articles of Organization for this Limited Liab	ility Company w		01/2011	and ass	igned
Florida document number <u>L 11000039</u>	<u>4a+</u>		TALLA	2013 SE	. "
This amendment is submitted to amend the follow	ing:		iii. S		. •
A. If amending name, enter the new name of the	<u>ne limited liabili</u>	ty company here:	SES.	<u> </u>	
A.P. Remed	1,66)			• • •
The new name must be distinguishable and end with t "L.IC."	,			3	bbreviation
Enter new principal offices address, if applicab	le:	10456 Inc	anon Pla	Cl	
(Principal office address MUST BE A STREET)	ADDRESS)	10456 Tro	on FL.	33444	9
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>	10456 Trai	non Place	e 334	49
B. If amending the registered agent and/or registered agent and/or the new registered offic			ecords, <u>enter th</u>	ie name o	of the new
Name of New Registered Agent:	Luis	Candelar	id		
New Registered Office Address:					
		Enter Fi	lorida street addr	CSS	
			, Florida		
		City		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, 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
			Add	
			Remove	
			Add	
		77		
		TALL AHAS	Remove	
			- 19 E	
		SET. T. ORID	Add	
		5-	Remove	
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			Remove	
			_	
			Add	
			Remove	
			- <u></u>	
			- 	
			Add	
			Remove	

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
•	
ated	9/16/ 2013.
	The Condil
	Signature of a member or authorized representative of a member Luis Candelario
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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