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(Re	questor's Name)	
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PICK-UP	WAIT	MAIL.
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT

AP Investors 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:

# Juan C Alvarez MGR

Name of Person

AP Investors LLC

Firm/Company

10505 W.Okeechobee Rd Ste #101

Address

Hialeah Gardens, Fl, 33018

City/State and Zip Code

jc@medleyblock.com

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

For further information concerning this matter, please call:

Juan C.Alvarez

at ( 305 ) 512-3400

Name of Person

Area Code & Daytime Telephone Number

Enclosed 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 enclosed)

□\$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**

#### AP INVESTORS LLC

(Name of the Limited Liability Company as it now appears on our records.)

mited Liability Compa	ny)	Pro Co.
mpany were filed on	05/24/2011	and assigned
<u>.</u> .		May A
		TO PORTE
ed liability company	here:	
s "Limited Liability Co	mpany," the designatio	n "LLC" or the abbreviation
_		
ESS)		
red office address o	on our records, <u>entc</u>	er the name of the new
		<del></del>
	Enter Florida street d	address
<i>Q</i> :	, Florida	
•		Zip Code
	mpany were filed on  ed liability company  "Limited Liability Co	red office address on our records, entoss here:  Enter Florida street of the contract of the c

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 = Manager MGRM = Managing Member

Title ASS	Antonio a Perez	Address 6405 NW 36St Ste 114 Miami,FL,33166	Type of Action  Add  Remove
ass	Antonio A Perez	2423 SW 146 Ave #255 Miami,Florida,33185	Add Add Remove
			Add Remove
			Add Remove
			Add Remove
<del></del>			Add Remove

D. If ai	nending any other information, enter change(s) here: (Attach additional sheets. if necessary.)
Dated _	February 25, 2013,
	0 A Abb
	Signature of a member or authorized representative of a member
	Juan C Alvarez MGR
	Typed of printed name of signee
	Page B of 3

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Filing Fee: \$25.00