

L11000070833

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

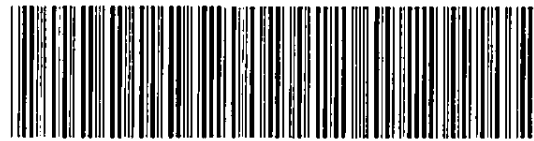
Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Instructions to Filing Officer.

J. HORNE  
APR 27 2023

Office Use Only



400407521034

SECRETARY  
TALLAHASSEE

2023 APR 26 AM 9:40

RECEIVED



2023 APR 26 PM 2:52

Incorporating Services, Ltd.

1540 Glenway Drive  
Tallahassee, FL 32301

850.656.7956

Fax: 850.656.7953

www.incserv.com

e-mail: accounting@incserv.com

incserv

**ORDER FORM**

**TO :** Florida Department of State  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303  
corphelp@dos.myflorida.com  
850-245-6051

**FROM** Melissa Moreau  
mmoreau@incserv.com  
850.656.7953

**REQUEST DATE** 4/26/2023

**PRIORITY** Regular Approval

**OUR REF # (Order ID#)** 1142862

**ORDER ENTITY**  
AAP INVESTMENT GROUP LLC

**PLEASE PERFORM THE FOLLOWING SERVICES:**  
**AAP INVESTMENT GROUP LLC (FL)**

File the attached amendment

**NOTES:**  
\$25.00 Authorized

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: AAP INVESTMENT GROUP 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:

CLAIRE ARRITOLA

\_\_\_\_\_  
Name of Person

GREENBERG TRAUIG, P.A.

\_\_\_\_\_  
Firm/Company

333 S.E. 2ND AVENUE

\_\_\_\_\_  
Address

MIAMI, FL 33131

\_\_\_\_\_  
City/State and Zip Code

david@dedental.com

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

For further information concerning this matter, please call:

JESSICA CATOR

800  
at ( )

952-5696

\_\_\_\_\_  
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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

AAP INVESTMENT GROUP LLC

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

FILED  
2023 APR 26 AM 11:11  
SECRETARY  
TALLAHASSEE

The Articles of Organization for this Limited Liability Company were filed on 06/17/2011 and assigned  
Florida document number L11000070833.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

9601 Collins Avenue, Unit 1606

(Principal office address MUST BE A STREET ADDRESS)

Bal Harbour, FL 33154-2219

Enter new mailing address, if applicable:

9601 Collins Avenue, Unit 1606

(Mailing address MAY BE A POST OFFICE BOX)

Bal Harbour, FL 33154-2219

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

NRAI Services, Inc.

New Registered Office Address:

1200 South Pine Island Road

*Enter Florida street address*

Plantation

City

Florida 33324

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 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.*

*Jessica Cator*

Jessica Cator,  
Assistant Secretary,  
NRAI Services, Inc.

If Changing Registered Agent, Signature of New Registered Agent

**If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:**

**MGR = Manager**

**AMBR = Authorized Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	David Charnowitz	9601 Collins Avenue, Unit 1606	<input checked="" type="checkbox"/> Add
		Bal Harbour, FL 33154-2219	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DE MANAGER, LLC	777 BRICKELL AVE, SUITE 630	<input type="checkbox"/> Add
		MIAMI, FL 33131	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 3/15/23

Signature of a member or authorized representative of a member

*Mark LeFebvre* Authorized representative

Typed or printed name of signee

Typed or printed name of signee

**Filing Fee: \$25.00**