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COVER LETTER

Division of Corporations AP CONSTRUCTION SERVICES, LLC SUBJECT: _ 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: **JESSICA ALONSO** Name of Person AP CONSTRUCTION SERVICES, LLC Firm/Company 4150 W 19 AVE Address HIALEAH, FL 33012 City/State and Zip Code apwelding@msn.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 786 246-4495 JESSICA ALONSO Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee, □ \$25.00 Filing Fee ■ \$30.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

(additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AP CONSTRUCTION SERVICES, LLC.	
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears оп our records.) ited Liability Company)
The Articles of Organization for this Limited Liability Composition document number L12000075002	pany were filed on 06-05-2012 and assigned
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here:
he new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	 "
Principal office address MUST BE A STREET ADDRESS	<u> </u>
•	18
	JAN
	>
Inter new mailing address, if applicable:	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)	
I. If amending the registered agent and/or registered	d office address on our records, enter the name of the
egistered agent and/or the new registered office address	<u>here</u> :
Name of New Registered Agent:	
New Registered Office Address:	
New Registered Office Address.	Enter Florida street address
	. Florida
	City Zin 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

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	EDUARDO BARRIOS	6905 W 2nd LANE	Add
		HIALEAH, FL 33014	■ Remove
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if amen	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
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			DIV.S
	Signature of a member or authorized representative of a member	&	VISI
	JESSICA ALONSO	JAN 22	ON C
	Typed or printed name of signee	22) FAX
		70	ORPC
	Page 3 of 3	£.	SIAFE)RATIO
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Filing Fee: \$25.00