L13000069259

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13 JUL -3 PH 12: 06

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T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: APH Holdings, 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:

Gregory B. Taylor

Name of Person

Gregory B. Taylor, P.A.

Firm/Company

5310 NW 33rd Avenue, Suite 101

Address

Fort Lauderdale, Florida 33309

City/State and Zip Code

jb2003@32k.com

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

For further information concerning this matter, please call:

John Brissenden

at (954) 495-1344

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

DIVISION OF CORPORATIONS

13 JUL -3 PH 12: 66

APH Holdings, LLC		<u>ن</u> در الله الله الله الله الله الله الله الل
(Name of the Limited L (A F	iability Company as It now appears on our records. Iorida Limited Liability Company)	PHI
The Articles of Organization for this Limited Lia Florida document number <u>L13000069259</u>	bility Company were filed on 05/10/2013	-3 PH 12:
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	the limited liability company here:	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applical	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE Bo	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, <u>enter the ce address here:</u>	ie name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	
	Enter riorida street adar	ess
	, Florida	Zip Code
	City	LID COUR

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 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 <u>Title</u> <u>Name</u> <u>Address</u> Type of Action John Brissenden 6278 N. Federal Hwy #413 **MGRM** Fort Lauderdale, FL 33308 6278 N. Federal Hwy #413 🗸 Add John Brissenden **MGR** Fort Lauderdale, FL 33308 Remove

If amending any other information, er	nter change(s) here: (Attach additional sheets, if necessary.)
_{ed} July 1	2013
	2
	f a member of authorized representative of a member
John Brissenden	
	Typed or printed name of signee

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Filing Fee: \$25.00

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