L130000977720

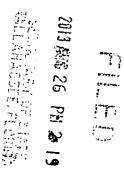
(F	Requestor's Name)
(A	Address)
(A	Address)
(0	Dity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(E	Business Entity Name)
(E	Document Number)
Certified Copies	Certificates of Status
Special Instructions t	o Filing Officer:
	AUG 2 8 2013
	A. LUNT

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COVER LETTER

Division of Cor			
SUBJECT: AP T	echnical Servi	ces LLC	
SUBJECT:	Name of Limit	ed Liability Company	7013 F80
	Amendment and fee(s) are sub		26 PM
riease return an correspo	Adella Saver	·	
		Name of Person	
	AP Technica	I Services LLC	
		Firm/Company	
	1815 Patters	son Ave.	
		Address	
	Deland, Flor	ida 32724	
		City/State and Zip Code	
	E-mail address: (t	o be used for future annual report notificati	on)
For further information of	oncerning this matter, please c	•	,
Adella Save		386 738-344	1
Name o	f Person	Area Code & Daytime Te	elephone Number
Enclosed is a check for t	he 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

MAILING ADDRESS:

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 Technical Services (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on July 1st, 2013 and assigned Florida document number <u>L13</u>000097720 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 end with the words "Limited Liability Company," the designation "ELC "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

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.

City

If ameuding 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>	Name	Address	Type of Action
MGRM	Benjamin Beiler	1815 Patterson Ave.	Add
		Deland, Florida	Remove
MGM	Adella Savercool	1815 Patterson Ave.	Add
		Deland, Florida	Remove
			Add
		00000000000000000000000000000000000000	Add Remove
			Add
••••		, t »	Add
			Remove

). If a	nending any other information, enter change(s) here: (Attach additional sheets, if necessary).)		
ated_	August 21, 2013		
	Signature of a member or authorized representative of a member		
	Adelia Savercool		
	Typed or printed name of signee		
	Page 3 of 3		

Filing Fee: \$25.00