## L1400013546

(Re	questor's Name)	
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(Cit	ty/State/Zip/Phone	÷#)
PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Onicer:	

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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

LIST APOKA II, LLC				
		<del></del>		
		<del></del>		Art of Inc. File
				LTD Partnership File
		·		Foreign Corp. File
				L.C. File
				Fictitious Name File
				Trade/Service Mark
		1		Merger File
				Art, of Amend, File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
			<del></del>	Cert. Copy
				Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
Signature				Fictitious Owner Search
				Vehicle Search
			<del></del>	Driving Record
Requested by: SETH	07/18/22			UCC ) or 3 File
Name	07/18/22 Date	Time		UCC 11 Search
Nume	Date	THIC		UCC 11 Retrieval
Walk-In	Will Pick Up			Courier

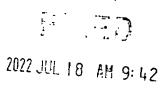
## **COVER LETTER**

TO: Registration So Division of Con			
LIST APO SUBJECT:	PKA II, LLC		
3000C1	Name of Lin	ited Liability Company	<del></del>
The enclosed Articles of	`Amendment and fee(s) are sub	omitted for filing.	
Picase return all correspo	ondence concerning this matter	to the following:	
	LIST, BRADEN R.		
		Name of Person	
		Firm/Company	
	401 JIM MORAN BLVD		
		Address	
	DEERFIELD BEACH, FL	. 33442	
	brl@listindustries.co	City/State and Zip Code  m  to be used for future annual report noti	Hearlien)
For further information of	concerning this matter, please o	•	incarrony
BRADEN R. LIST		954 429.9155	
Name o	of Person	at () Area Code Daytim	ne Telephone 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 (additional copy is enclosed)
Mailing Address Registration Solvision of Co. Box 632	Section Corporations	Street Address: Registration Seconds of Core The Centre of The Core and the contrect of the Centre o	porations

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



LIST APOPKA II, LLC

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

(A Florida Limited Li	ability Company)	The bar of the second s
The Articles of Organization for this Limited Liability Company vi Florida document number L14000013546	were filed on JANUARY	24, 2014 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
FOUR APOPKA LLC		
The new name must be distinguishable and contain the words "Limited Liability	ty 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)		
		•
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
· · · · · · · · · · · · · · · · · · ·		-
B. If amending the registered agent and/or registered office as agent and/or the new registered office address here:  Name of New Registered Agent:	ddress on our records, <u>e</u>	nter the name of the new registered
New Registered Office Address:		
	Enter Florida street a	ddress
		, Florida
<del></del>	City	_, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as publing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my dutie rovided for in Chapter (	s, and I am familiar with and 605, F.S. Or, if this document is

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

Title	<u>Name</u>	Address	Type of Action
			□ Remove
			Change
<del></del>			
			Remove
			Change
			[] Add
			Remove
			Change
			□Remove
			Change
			Remove
			Change
			□Add
			□Remove
			□ Change

, maine	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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E CC - All	and the standard of the standa
Note:	ve date, if other than the date of filing:
he record ord is fil	d 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 ed.
D	JULY 13 2022
Dated_	
	Control Marie Control
	Signature of a member or authorized representative of a member
	ERIC S. BELLO
	Typed or printed name of signee

Filing Fee: \$25.00