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PICK-UP	☐ WAIT	MAIL
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DIVISION OF CORPORATIONS

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, COVER LETTER

TO: Registration Section Division of Corporations	~ •
SUBJECT: APA CIK	of Limited Liability Company
The enclosed Articles of Amendment and fee(s) a	are submitted for filing.
Please return all correspondence concerning this	matter to the following:
A	Hagracia P. ARIAS Name of Person
	Firm/Company
722	NW 111Th Place AP+. 7 Address
	City/State and Zip Code C bayshore or Dul mant. Com dress: (to be used for future annual report position)
For further information concerning this matter, pl	diess. (to be used for runap aimain report inparticularly)
Mana Gonzalez Name of Person	at (786) 269 6958 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Scertificate of Sta	

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

APA Cleaning	ompany as it now appears on our ited Liability Company)	
(Name of the Limited Liabinty C (A Florida Lin	ompany as it now appears on our ited Liability Company)	records.)
The Articles of Organization for this Limited Liability Com	pany were filed on	14 and assigned
Florida document number <u>L14000/04667</u> .	·	
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	rvices, LLC	n "LLC" or the abbreviation "LLC"
Enter new principal offices address, if applicable:	Nal	J IIITh Place
(Principal office address MUST BE A STREET ADDRES	<u> </u>	FL 33172
	<u> </u>	TL SOITA
Enter new mailing address, if applicable:	No cha	7945
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register	ed office address on our i	records, enter the new
registered agent and/or the new registered office addres		हुँ हु ग
,		9 <u>w</u> =
Name of New Registered Agent:	No changes	R R
New Registered Office Address:	JU Changes Enter Florida stree	OCT 31 PH 2: 23
	Enter Florida stree	et address
	No Change	S, Florida
	City /	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.

If Changing Registered Agent, Signature of New Registered Agent

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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f an effecti Note: If t	ve date is listed, the the date inserted	than the date of the date must be spect in this block does on the Departme	ific and canno s not meet th	e applicable	te of filing or more th statutory filing req	(option an 90 days after fil uirements, this d	al) ling.) Pursuant to 605.0207 ate will not be listed as
		delayed effec the record is		but not ar	effective time	, at 12:01 a.ı	m. on the earlier of
Dated	Oct.2	2 <i>j</i> ,	, <u>z</u>	016.			
		Signatu	re of a membe	er or authorize	d representative of a	member	