Division of Corporations

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Division of Corporations

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Prom:

Account Name : MARCELL FELIPE, P.A. Account Number : 120110030064

Phone : (305)381-8500 Fax Number : (305)381-6225

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Brail Address: nmunoz@marcellfelipe.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AP 2128 LLC

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company has been notified in writing of this change.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AP 2128 LLC				
(Name of the Limited Liability (A Florida)	v Company as it now appears on our r Limited Liability Company)	records.)		
The Articles of Organization for this Limited Liability Co	ompany were filed on 08/19/20	14	_ and assigned	
Florida document number L14000130204	·			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ted liability company here:			
The new name must be distinguishable and end with the words "Lim	uted Liability Company," the designatio	in "LLC" or the abbi	reviation "L.L.C."	_
Enter new principal offices address, if applicable:		· <u> </u>	28 7	
(Principal office address MUST BE A STREET ADDRI	ESS)		SE SE	
		·-	<u> </u>	
Enter new mailing address, if applicable:			元和	П
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>	— (***-
		·	<u> </u>	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office addr		ecords, <u>enter th</u>	e name of th	e new
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street	address		
		, Florida		
	City		Zip Code	
New Registered Agent's Signature, if changing Registered	Agent:		٠	

If Changing Registered Agent, Signature of New 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

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	AP 2128 HOLDINGS CORP.	35 BARRACK ROAD	Add
		BELIZE CITY, BZ 00000 B	Remove
MGR	Luis Fernando Correa	16445 COLLINS AVE	
		#2128	☐ Remove
		SUNNY ISLES BEACH, FL 3316	30
			_ _ Add
			☐ Remove
			_
			Remove
			Remove
			SANCE TO THE
			Add
			□ Remove
		·	

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effectiv	date, if other than the date of filing: we date must be specific, cannot be prior to date is document is filed by the Florida Department	e of receipt or filed date and cannot be more than 90 days after
ted	September 29	2014
	Signature of a me	nember or authorized representative of a member
		nember or authorized representative of a member

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