

L14000181728

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 04 2015
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: APEX ENTERPRISES, 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:

IJMAL ALI

Name of Person

APEX ENTERPRISES LLC

Firm/Company

2216 N. CONGRESS AVE

Address

BOYNTON BEACH, FL 33426

City/State and Zip Code

INAZALI@YAHOO.COM

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

For further information concerning this matter, please call:

IJMAL ALI

484

678-5693

at ()

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

APEX ENTERPRISES, LLC

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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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

PLEASE CHANGE SPELLING OF NAME AND ADDRESS FOR: ALI, IJMAL M

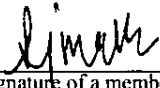
CORRECT FIRST NAME SPELLING: IJMAL

CORRECT ADDRESS: 2103 DEEP MEADOW LN. LANSDALE PA 19446

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated JANUARY 20, 2015



Signature of a member or authorized representative of a member

IJMAL ALI

Typed or printed name of signee

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Filing Fee: \$25.00

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