L14000181728

(Requestor's Name)		
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phone	#)
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LEBOA MARRIS

COVER LETTER

TO:	Registration Sect Division of Corpo			·
aunir	APEX EN	TERPRISES, LLC		
SUBJECT: Name of Limited Liability Company				
		mendment and fee(s) are submitte	-	
Please 1	return all correspond	dence concerning this matter to th	e following:	
		IJMAL ALI	•	
			Name of Person	
		APEX ENTERPRISES	LLC	
			Firm/Company	
		2216 N. CONGRESS A	VE	
			Address	
		BOYNTON BEACH, FL	. 33426	
•		INAZALI@YAHOO.COM	ity/State and Zip Code	
		_	used for future annual report notificat	on)
For fur	ther information cor	ncerning this matter, please call:		
IJMA	L ALI		484 678-5693	
	Name of	Person	Area Code Daytime Te	dephone Number
Enclose	ed is a check for the	following amount:		
□ \$25	5.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

APEX ENTERPRISES, LL			
(<u>Name of the Limi</u>	ted Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited L Florida document number L14000181728	iability Company were filed on 1	1/24/2014	and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name of	of the limited liability company h	<u>ere</u> :	
The new name must be distinguishable and end with the	words "Limited Liability Company," the	designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applie	cable:		201 TAI
(Principal office address MUST BE A STREE	ET ADDRESS)		TEG T
			AS S
E-4			SECOND IN
Enter new mailing address, if applicable:			PR F
(Mailing address MAY BE A POST OFFICE	<u></u>		
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:		n our records, <u>enter</u>	the name of the new
New Registered Office Address:	5110 PINE TOP PL		
New Registered Office Address.	Enter Flo	rida street address	
	ORLANDO	, Florida	32819
	City		Zip Code
New Registered Agent's Signature, if changing			
I hereby accept the appointment as registered provisions of all statutes relative to the prop			

If Changing Registered Agent, Signature of New Registered Agent

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 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

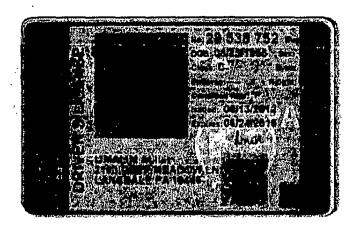
<u>itle</u>	<u>Name</u>	Address	Type of Action
 		•	Add
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	· 		20英 JAN SECRET
			2045 JAN 27 PH 4: 03 SECRETARY OF STATE TALLAHASSEE. FLORIDA
			□ Remove
			Add
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-		s) here: (Attach additional sheets, if necessary.) ME AND ADDRESS FOR: ALI, LJMAL M
Ċ	CORRECT FIRST NAME SPELLING:	IJMAL
<u></u>	CORRECT ADDRESS: 2103 DEEF	MEADOW LN. LANSDALE PA 19446
Effective (The eff	ive date, if other than the date of filing:	(optional)
	e this document is filed by the Florida Department of State	
Dated _	JANUARY 20 201	5
	ljmuh	
	Signature of a member of IJMAL ALI	or authorized representative of a member
	Typed	vr printed name of ciance

Page 3 of 3

Filing Fee: \$25.00

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