

L15000010S194

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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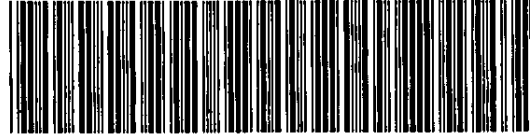
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 11 2016

S MASON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AAP Global 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:

RYAN PASCA
Name of Person

Nona Med
Firm/Company

8215 Narcoossee Park Dr STE 216
Address

Orlando, FL 32822
City/State and Zip Code

NonaMedical@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Gammons at (321) 286-7916
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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

AAP Global, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 6/18/2018 and assigned
Florida document number L15000105194

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 Liability 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)

8215 Narcoossee Park Dr
STE 208
Orlando FL 32822

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8215 Narcoossee Park Dr
STE 208
Orlando, FL 32822

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Jim Dixon Consulting CPA

New Registered Office Address:

13123 W. Linebaugh Ave #102

Enter Florida street address

Tampa

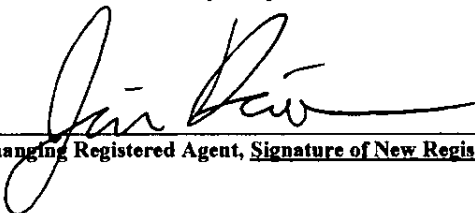
City

Florida 33626

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

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Rayn PASCA</u>	<u>4252 middle brook Rd</u>	<input type="checkbox"/> Add
		<u># 313</u>	<input checked="" type="checkbox"/> Remove
		<u>Orlando, FL 32811</u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>Ryan PASCA</u>	<u>14000 Sanctuary Creekway</u>	<input checked="" type="checkbox"/> Add
		<u>Apt 302</u>	<input type="checkbox"/> Remove
		<u>Orlando, FL 32832</u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>Mike Palmer</u>	<u>9700 Loblolly Pine Cr</u>	<input checked="" type="checkbox"/> Add
		<u>Orlando, FL 32827</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>Robert Gammons</u>	<u>9421 Sloane St</u>	<input checked="" type="checkbox"/> Add
		<u>Orlando FL 32827</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated April 12th, 2016.

Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

Ryan Pascal

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7-11-68