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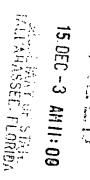
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## **COVER LETTER**

Division of Corporations
SUBJECT: April Estate Assessment UC
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:
Name of Person
Apex Estate Assessment LLC Firm/Company
2285 Cumberland CIR 904 Address
Clear to tel, FC 33763  City/State and Zip Code
5/11/Campbell Capex estate assessment uc of E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
JII CAMPBELL 1813, 436-6652
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$60.00 Filing Fee,

MAILING ADDRESS:

TO:

**Registration Section** 

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**

(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 and assigned Florida document number \ \ \ \ \ and assigned	
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:	
dment is submitted to amend the following:  Inding name, enter the new name of the limited liability company here:  In me must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  In principal offices address, if applicable:  In office address MUST BE A STREET ADDRESS)  In mending address, if applicable:  Indidress MAY BE A POST OFFICE BOX)  In the indidress on our records, enter the iname of the new all agent and/or the new registered office address here:	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our records, enter the name of the ne	w
registered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	
, Florida	

## 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.

City

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 = Mar AMBR = Aut	nager thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AR	Cathy Michelani	Oldsmar Fl3467	Add Add
		Oldsmar FC 3167	■ Remove
Alcrar Mol	ge to	2285 Cumberland Cic	<b>X</b> ≅7Change
mer	Sill Campbell &	Clearwater FC 3376	<u>3</u> □ Add
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E. Effective date, if other than the date of filing:  (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 Note:  If the date inserted in this block does not meet the applicable statutory filing requirements, this day document's effective date on the Department of State's records.	ng.) Pursuant to	605.02 listed	207 (3)( <sup>1</sup> as the
If the record specifies a delayed effective date, but not an effective time, at $12:01\ a.m$ (b) The 90th day after the record is filed.	n, on the e	arlier	of:
Dated <u>Dec 1</u> , 205.			
Signature of a member or authorized representative of a member		_	
Typed or printed name of signee		_	

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Filing Fee: \$25.00