

L1500132211

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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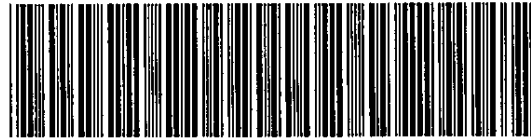
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 06 2017

J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: APIPEMA, 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:

JULIANA DOS SANTOS

Name of Person

GFS TAX & ACCOUNTING SERVICES

Firm/Company

2001 W CYPRESS CREEK RD STE 102B

Address

FORT LAUDERDALE, FL 33309

City/State and Zip Code

JDOSSAN611@GMAIL.COM

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

For further information concerning this matter, please call:

JULIANA DOS SANTOS

954 6878952

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

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

APIPEMA, 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 08/05/2015 and assigned
Florida document number L15000132211

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:

6560 BACKLICK ROAD #208

(Principal office address MUST BE A STREET ADDRESS)

SPRINGFIELD, VA 22150

Enter new mailing address, if applicable:

6560 BACKLICK ROAD #208

(Mailing address MAY BE A POST OFFICE BOX)

SPRINGFIELD, VA 22150

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:

New Registered Office Address:

2001 W CYPRESS CREEK RD STE 102B

Enter Florida street address

FORT LAUDERDALE

Florida 33309

City

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

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SECRETARY OF STATE

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>
MGR	CATARINA GEDEON VILAS-BOAS	6560 BACKLICK ROAD #208	<input type="checkbox"/> Add
	DE ALMEIDA	SPRINGFIELD, VA 22150	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ANGELO MARIO CERQUEIRA	6560 BACKLICK ROAD #208	<input type="checkbox"/> Add
	DE ALMEIDA FILHO	SPRINGFIELD, VA 22150	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

SECRETARY
TALLAHASSEE

F. 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 165.0202-3(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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

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

Dated JULY 20TH 2017

Signature of a member or authorized representative of a member

ANGELO MARIO CERQUEIRA DE ALMEIDA FILHO
Typed or printed name of signee

Typed or printed name of signee

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Filing Fee: \$25.00