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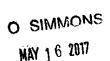
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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COVER LETTER

TO :	Registration Se Division of Cor			
OUDI		ITERPRISE, LLC	•	
SORI	ECT:	Name of Lin	nited Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		ALBURY PIERRE		
			Name of Person	
		AP & J ENTERPRISE, I	LLC	
			Firm/Company	
		630 NW 89TH AVE		
			Address	
		PLANTATION, FL 3332	4	
			City/State and Zip Code	
		APENTERPRISE561@G		
			to be used for future annual report notifi	cation)
For fu	rther information co	oncerning this matter, please c	all:	
ALBU	JRY PIERRE		561 544-7732	
	Name of	Person	at ()Area Code Daytime	Telephone Number
Enclos	sed is a check for th	e following amount:		
■ \$2	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

AP & J ENTERPRISE, LLC		
(Name of the Limited Liability Company as it no (A Florida Limited Liability Co	w appears on our records.) mpany)	
The Articles of Organization for this Limited Liability Company were file	d on 4/05/2016 and assigned	
Florida document number L16000065988		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability com	pany here:	
The new name must be distinguishable and contain the words "Limited Liability Compar	ry," the designation "L.L.C." or the abbreviation "L.L.C."	_
Enter new principal offices address, if applicable:	للمسد بتورد	
(Principal office address MUST BE A STREET ADDRESS)	**************************************	<u></u> ; , ,
	· · · · · · · · · · · · · · · · · · ·	
	ro ·	, -*; ";
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	•	*
	52	_
B. If amending the registered agent and/or registered office address here:	ress on our records, <u>enter the name of the</u>	<u>new</u>
Name of New Registered Agent:		_
New Registered Office Address:	inter Florida street address	_
_		
City	, Florida Zin 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>	Address	Type of Action
AMBR	SAINT-LOUIS, MANISE	630 NW 89TH AVE	Add
		PLANTATION, FL 33324	Remove
			□ Change
MGR	SENAT, JAMES	2637 E ATLANTIC BLVD	
		POMPANO BEACH, FL 33062	■ Remove
			☐ Change
AMBR	CINEUS, GERALD	8801 NW 34TH AVE RD	■ Add
		MIAMI, FL 33147	Remove
			☐ Change
			□ Aḍd 📑
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fective d	ate, if other tl	an the date o	f filing:	_ 		(options	al)
an effective ote: If the	date is listed, the date inserted in	date must be spec a this block doe	cific and cannot be s not meet the	pe prior to date of applicable stat	f filing or more than utory filing requi	i 90 days after fili rements, this da	ng.) Pursuant to 605.020 ite will not be listed a
	effective date of				, ,	,	
record The 90tl	specifies a d h day after t	elayed effec he record is	tive date, b filed.	ut not an ef	fective time, a	at 12:01 a.m	n, on the earlier o
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00