Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number

: (850;617-6383

From:

Account Name : RICHARDS & ASSOCIATES, PA.

Account Number : 120110000091 Phone

: (305)858-9900

Fax Number

: (305)285-0015

**Enter the email address for this business entity to be used $\widehat{\operatorname{for}}_{i}$ annual report mailings. Enter only one email address please:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AP HOLDINGS FAROPER LLC

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Certificate of Status	0
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Estimated Charge	\$25.00

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Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

	on Section f Corporations
	OLDINGS FAROPER LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Artic	es of Amendment and fee(s) are submitted for filing.
Please return all co	respondence concerning this matter to the following:
	ELENA DIAZ
	Name of Person
	RICHARDS & SANCHEZ, P.A
	Firm/Company
	2665 SOUTH BAYSHORE DRIVE, SUITE 703
	Address
	MIAMI, FLORIDA, 33133
	City/State and Zip Code
	ediaz@richards-law.com E-mail address: (to be used for future annual report notification)
For further inform	tion concerning this matter, please call:
ELENA DIAZ	305 8589900
]	ane of Person Area Code Daytime Telephone Number
Enclosed is a chec	for the following amount:
■ \$25.00 Filing	cee \$\subseteq \$30.00\$ Filing Fee & \$\subseteq \$\$55.00\$ Filing Fee & \$\subseteq \$

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, PL 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 HOLDINGS FARG					
(Name of the Limited Liability Company (A Florida Limited Lia	as it now app bility Compan	ears on our records.) y)	·		
The Articles of Organization for this Limited Liability Company we Florida document number 116000100244	vere filed on	05/23/2016		and ass	signed
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabili	ty company	here:			
AA TREE LIFE LLC					
The new name must be distinguishable and contain the words "Limited Liability	y Company, "tl	e designation "LLC"	or the abbrev	iation "l.	.1C."
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)					
Enter new mailing address, if applicable:					
Mailing address MAY BE A POST OFFICE BOX)		·			
•	_).		
B. If amending the registered agent and/or registered offl	ce address	on our records,	enter the	палье	of the
registered agent and/or the new registered office address here:			, 1 m 	JAN	
			<i>₹</i>	- E-	
Name of New Registered Agent:			して で で で で で で で で で で で で で で で で で で で	O's	.*•
			176)	
New Registered Office Address:		Florida street address	- 		4-1
	Enter .	riorida sireei aadress	200	Υp	, . w.,
·		, Flor	rida 🚞	ණ _ලා	
	City			Liu 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

Title	Name	Address	Type of Action
MGR	ALICIA PEREDNIK	2665 South Bayshore Drive, Suite	D Add
		703, Miami, Florida, 33133	Remove
			Change
MGR	New World Managers LLC	2665 South Bayshore Drive, Suite	= Add
		703, Miami, Florida, 33133	☐ Remove
			Change
			□ Add
			Remove
			☐ Change
			Add 255
			Remove
			Change
			□ Remove
			C Change
			□ Remove
			Change

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(optional)	tive date, if other than the date of filing:
(optional)	effective date, if other than the date of filing: If cotive date is listed, the date must be specific and cannot be prior If the date inserted in this block does not meet the application. If the date inserted in the Department of State's records.

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Filing Fee: \$25.00