L16000129737

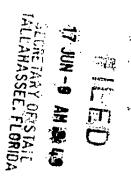
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COVER LETTER

T	O: Registration So Division of Cor							
CT.	id in or.	LEODe	LEODealers, LLC					
31	JBJECT:	Name of Lim	nited Liability Company					
Th	ne enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.					
Pl	ease return all correspo	ondence concerning this matter	to the following:					
			Sonia Becerra					
			Name of Person					
			Swyft Filings, LLC					
			Firm/Company					
		12	605 East Freeway, Suite 5	509				
			Address	·······				
			Houston, Texas 77015					
			City/State and Zip Code					
			filings@swyftfilings.com					
Ea	- firsther information a	e-man address: (to be used for future annual report	notineation)				
ru	r iurmer imormation c	concerning this matter, please ca	aii,					
	Sonia B	Becerra of Person	at (877) 777- Area Code Day	-0450 time Telephone Number				
En	closed is a check for the	he following amount:						
X	\$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

	ODealers, LLC	
(Name of the Limited Liab (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document numberL16000129737	Company were filed on 07/08/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
AAPP, LLC		
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	DPFCC)	·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		ACCORD TO A
B. If amending the registered agent and/or registered agent and/or the new registered office ade		Some name of the nev
Name of New Registered Agent:		5A 6
New Registered Office Address:	Enter Florida street address	
	Enter Florida street address	
	, Florida	
	City	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 = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			☐ Change
			
			□ Remove
*****			□ Add
			Remove HASS
			F.F.S.D.
			Or □ Remove
			☐ Change
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fan effective da <u>Note:</u> If the d	e, if other than te is listed, the date ate inserted in this fective date on the	must be specifi s block does i	c and can not meet	not be prior to o the applicabl	date of filing o	or more than 90	(option :) days after fill ments, this da	al) ing.) Pursuant to 6	505.0207 isted as
	ecifies a delay day after the r			e, but not a	n effectiv	e time, at	12:01 a.n	n. on the ea	lier of:
ated	JUNE	05	,	2017					
			_<						
		Signature	of a men	ber or authoriz	e presenta	tive of a memi	per		
				Sonia Be					

Page 3 of 3

Filing Fee: \$25.00