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TO:	Registration Se Division of Cor			. When	
w. SUBJE	CT: =	API INVE	ESTMENT	5 HOLDING	r Clc
. •		Name of Li	mited Liability Company	DOC # L 16000	013850
The enc	losed Articles of	Amendment and fee(s) are su			•
Please r	eturn all correspo	ondence concerning this matte	er to the following:		
			Name of Person	AGOZA_	,
		ZARI IN	Firm/Company	HOWINGS U	C
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		MIAMI	FC 33		
		E-mail address:	(to be used for future annual report	75 LCC & G.M. notification)	All-COL
For furtl	her information c	oncerning this matter, please	call:		
	APUO Name o	CDO FIVEN		ytime Telephone Number	
Enclose	d is a check for th	ne following amount:		SECR TALL/	
□ \$25	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Gopy (additional convits enclased	177
				II: O4 TATE ORIDA	
	Registr Divisio P.O. Bo	ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COU Registration Se Division of Con Clifton Buildin 2661 Executive Tallahassee, FI	rporations g e Center Circle	

TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as (A Florida Limited Liabil	it now appears on our records.)
The Articles of Organization for this Limited Liability Company wer Florida document number <u>L 16000 13 8.50</u> 1	
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 C	ompany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	75. 6
(Principal office address MUST BE A STREET ADDRESS)	AH CR
Enter new mailing address, if applicable:	T. C. 2
(Mailing address MAY BE A POST OFFICE BOX) ———————————————————————————————————	DRATE Q
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	,
Name of New Registered Agent: EDWIN	W 18T AVE, MIAMI, FI 3318,
New Registered Office Address: 2127 No	W 18T AVE, MIAMI, FT. 33184 Enter Florida street address
M	City, Florida 37/27 Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete perj accept the obligations of my position as registered agent as prov- being filed to merely reflect a change in the registered office add	formance of my duties, and I am familiar with and ided for in Chapter 605, P.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

or removed from our records:

MGR = Manager , AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	APNOW PWERA		
			Remove
		CHANGE TO:	etiange
<u>AMBR</u>	EDWIN APNOODS	848 FRICKER KEY D	# 340) 2 Add
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an effe lote:	re date, if other than the date of filing:	
	ord specifies a delayed effective date, but not an effective time, at 12:01 90th day after the record is filed.	a.m. on the earlier o
ated_	August 8 , 2016 XXX	,
	Signature of a member or authorized representative of a member	
		LIVERA
	EDWIN HENOLDO GARCIA	Fred 10 R

Page 3 of 3

Filing Fee: \$25.00