

L16000211467

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

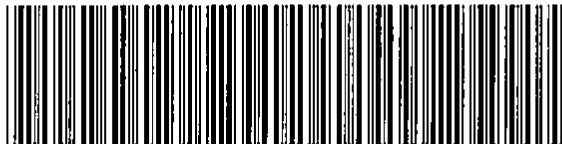
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Date
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Office Use Only



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1.0-21-2010 6-10-10 4-11-10

2023 OCT 24 AM 9:39

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A. BUTLER

DEC - 1 2023

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: AP Civil Solutions 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:

Anthony Bosco

Name of Person

AP Civil Solutions LLC

Firm/Company

254 Suncoast Blvd

Address

Spring Hill, FL 34608

City/State and Zip Code

rose@apcivilsolutions.com

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

For further information concerning this matter, please call:

Rose Eschmann

Name of Person

at (352)

Area Code

773-1120

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

FILED
2023 OCT 24 AM 9:39
S
TALL
CLERK

Ap Civil Solutions 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 2/15/2019 and assigned
Florida document number L16000211467.

This amendment is submitted to amend the following:

1. **If amending name, enter the new name of the limited liability company here:**

MADMAK Enterprises LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

2. **Enter new principal offices address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

3. **Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

4. **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:

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

_____ ☐ Change

[illegible]

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.

Dated November 15, 2023

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Anthony Bosco

Typed or printed name of signee

Filing Fee: \$25.00



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 3, 2023

ANTHONY BOSCO
254 SUNCOAST BLVD
SPRING HILL, FL 34608

SUBJECT: AP CIVIL SOLUTIONS LLC
Ref. Number: L16000211467

We have received your document for AP CIVIL SOLUTIONS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of adoption of each amendment must be included in the document.

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler
Regulatory Specialist II

Letter Number: 723A00025588

TO: Anissa Butler

11/15/2023

Please refund the overpayment of \$10.00 to Anthony Bosco at the following address:

254 Suncoast Blvd

Spring Hill FL, 34608