L1400018457

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
· (City.	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nan	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	
	·	

Office Use Only



400299039334

Amend

_**400299039334** 05/16/17--01012--003 **25.00

SECRETARY OF STATE
DIVISION OF CORPORATIONS

9117 JUN - 6 PM 4: 18

N. CAUSSEAUX JUN - 8 2017.

COVER LETTER

	Registration Sec Division of Corp				
SUBJEC	L160002184	57		SE	
SUBJEC	1:	Name of Lim	ited Liability Company	SEC ANASSTELL HAR	ZiM JUN -6
The enclo	sed Articles of A	mendment and fee(s) are sub-	mitted for filing.		e.
Please ret	urn all correspon	dence concerning this matter	to the following:		(ii)
		ROBERT BARGER		**************************************	
			Name of Person		
		APERIOIMAGE LLC			
			Firm/Company		
		7508 39TH TER N			
			Address		
		ST PETERSBURG, FL 33	709		
			City/State and Zip Code		
		ROB@APERIOIMAGE.CO		and the N	
For furthe	er information co	ncerning this matter, please ca	to be used for future annual report notificall:	canony	
	BARGER	2 71	734 730-9627		
	Name of	Person	at () Area Code Daytime	Telephone Number	
	7,4110,07	. 6.363.	And Code Baymin	Telephone Timber	
Enclosed	is a check for the	e following amount:			
	o Filing Fec Sec Cope reck allow d to acc	□ \$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)	
A CV	neck will	lidy Trant			
иррпе	Registra Division P.O. Bo	tion Section of Corporations	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	n itions iter Circle	

141



May 17, 2017

NICHOLE MORALES 5149 CENTRAL AVE SAINT PETERSBURG, FL 33710

SUBJECT: APERIOIMAGE, LLC Ref. Number: L16000218457

We have received your document for APERIOIMAGE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a GP, but your entity is a LLC. Please complete and return the enclosed blank form(s).

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) 245-6051.

Jenna D Harris Regulatory Specialist II

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Letter Number: 117A00009884

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

APERIOIMAGE LLC		
(Name of the Limited Liability Compa (A Florida Limited)	nny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L16000218457	were filed on 12/01/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	7508 39TH TER N	01
(Principal office address MUST BE A STREET ADDRESS)	ST PETERSBURG, FL 33709	ISEC SEC
		E 35
Enter new mailing address, if applicable:	7508 39TH TER N	CORP. CORP. CORP. CORP.
(Mailing address MAY BE A POST OFFICE BOX)	ST PETERSBURG, FL 33709	F. 35
		5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		the name of the ne
Name of New Registered Agent:	- 1781	
New Registered Office Address:		
	Enter Florida street address	
	, Florida	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 = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	ALAN D JACKSON	801 WEST BAY DRIVE #316	
		LARGO, FL 33770	■ Remove
			☐ Change
			Add
			☐ Remove
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			hanger corporation
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te: If the date ins	ther than the date ted, the date must be sperted in this block detailed on the Department	oes not meet th	e applicable stat	filing or more thar utory filing requi	(optional) 90 days after filing rements, this date	.) Pursuant to 605.02 will not be listed a
	es a delayed eff lfter the record		but not an ef	fective time, a	at 12:01 a.m.	on the earlier
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Page 3 of 3

Filing Fee: \$25.00