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	Fax Number	: (850)617-6383	7.1.2.7.2.
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1104112	Account Name	: JELEN ACCOUNTING SERVICES, INC	-
a	Account Number	: I20120000052	- , c
	Phone -	: (305)591-9180	-
	Fax Number	: (305)591-9167	. 5
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN APONWAO ALC, LLC

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J. HARRIS

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December 13, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

APONWAO ALC, LLC 5401 NW 79TH AVENUE 102 DORAL, FL 33166US

SUBJECT: APONWAO ALC, LLC

REF: L17000021406

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

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.

Yasemin Y Sulker Regulatory Specialist II FAX Aud. #: B17000325101 Letter Number: 117A00025186

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

APONWAO ALC, LLC	,	
(Name of the Limi	ted Liability Company as it now appears on (A Florida Limited Liability Company)	ur records.)
The Articles of Organization for this Limited L	iability Company were filed on 01/26/20	017 and assigned
Florida document number L17000021406	 ·	
his amendment is submitted to amend the foll	lowing:	•
A. If amending name, enter the new name o	of the limited liability company here:	
he new name must be distinguishable and contain the	words "Limited Liability Company," the design	ition "LLC" or the abbreviation "L L.C."
Enter new principal offices address, if applic	cable:	
<u>Principal office address MUST BE A STREI</u>	ET ADDRESS)	2.75 georg
		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		
Muiling address MAY BE A POST OFFICE	BOXI	
		(1)
	1/ 1/41 -66	e managed output the name of the
B. If amending the registered agent and registered agent and/or the new registered	vor registered office adoress on our	records, enter the hame of the
Name of New Registered Agent:	CARLOS CASIQUE	·
New Registered Office Address:	5401 NW 79TH AVENUE	
	Enter Florida s	
	DORAL	, Florida ³³¹⁶⁶
	City	7in 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.

Thanging 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>	<u>Address</u>	Type of Action
MGR	TORREALBA, ANTONIO	5401 NW 79TH AVENUE	
		DORAL, FL 33166	Remove
			[] Change
AMBR	VELASCO FLORES, ANGEL	6740 NW 106TH AVE	Add
	•	DORAL, FL 33178	☐ Remove
			Change
AMBR	GONZALEZ MEJIA, ANA	S826 W FLAGER ST APT 220	
		MIAMI, FL 33174	Remove
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			☐ Change

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