

LI7000126838

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17 AUG 25 PH 2:09
DIVISION OF COMPLIANCE
O: SIMMONS

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O: SIMMONS
AUG 28 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____
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:

Richard W Orr

Name of Person

APROLA LLC

Firm/Company

500 110th Ave N #611

Address

St Petersburg, FL 33716

City/State and Zip Code

rickorr@iloveturf.com

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

For further information concerning this matter, please call:

Richard W Orr 727 423-7967
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

\$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:

MAILED ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

STATE OF FLORIDA
Registration Section
Division of Corporations
Clinton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

APROLA 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 06/09/2017 and assigned Florida document number L17000126838.

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 Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

17 AUG 25 PH 2:09
FILED
DIVISION OF
FLORIDA
CORPORATION
AND BUSINESS
REGISTRATION
AND LICENSING
DIVISION
FLORIDA
DEPARTMENT
OF STATE
REGISTRATION
AND LICENSING
DIVISION
FLORIDA
DEPARTMENT
OF STATE

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. 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

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

of 3

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

17 AUG 25 PM 2:09
DIVISION OF CREDIT & REVENGE

FILED

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated August 22 2017

Signature of a member or authorized representative of a member

Richard W Orr

Typed or printed name of signee