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S. WARREN AUG 1 5 2017

COVER LETTER

	tion Section of Corporations		
EM. SUBJECT:	APSCAN LLC		
SUBJECT.	Name of L	imited Liability Company	
The enclosed Arti	cles of Amendment and fee(s) are so	ubmitted for filing.	
Please return all c	correspondence concerning this matt	er to the following:	
	PIERRE LEFEVRE		
		Name of Person	
	EMAPSCAN		
		Firm/Company	
	1217 SUNSET DR		
		Address	
	CLEARWATER, FLOR	RIDA, 33755	
		City/State and Zip Code	<u></u>
	pierre@emapscan.com		
	E-mail address	s; (to be used for future annual report notif	ication)
For further inform	nation concerning this matter, please	eall:	
PIERRE LEFEV	RE	727 3077873	
	Name of Person		Telephone Number
Enclosed is a chec	ck for the following amount:		
□ \$25.00 Filing	Fee \$30.00 Fiting 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:	STREET/COURI	ER ADDRESS:

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

TO:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT . TO · ARTICLES OF ORGANIZATION OF

EMAPSCAN 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 23th June 2017 and assigned Florida document number ____L17000136868 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) 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: PIERRE LEFEVRE Name of New Registered Agent: 1217 SUNSET DR New Registered Office Address: Enter Florida street address CLEARWATER Cirv 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

Page 1 of 3

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	MARK ARRIGHI	1217 SUNSET DR	
		CLEARWATER, FL, 33755	Remove
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