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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Corporations				
APCSPE, I	J.C			
SUBJECT:	Name of Lin	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Ashley Sodeman			
		Name of Person		
	Firm/Company			
	2980 McFarlane Road			
		Address		
	Miami, FL 33133			
i		City/State and Zip Code		
	ashley@grouperfinancial.co	om to be used for future annual report noti	«	
For further information of	oncerning this matter, please c	•	ncation)	
Scott Silver	oncerning this matter, please e			
		305 788-6164 at ()		
Name o	f Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for the	ne 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 Addres Registration S		Street Address: Registration Sec	ction	
Division of C	orporations	Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

APCSPE, LLC

2819 (28 FH 3: 09

(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 Comparison for the Linder Liability Comparison for the Linder Liability Comparison for the Liability Com	ny were filed on 12/06/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability 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 offic agent and/or the new registered office address here:	ee address on our records, <u>e</u>	nter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	ddress
	, 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 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	Scott Silver	2980 McFarlane Road	= Add
		Miami, FL 33133	Remove
			Change
MGR	Adam Brosten	2980 McFarlane Road	
		Miami, FL 33133	🗀 Remove
			Change
MGR	Larry Brosten	2980 McFarlane Road	= Add
		Miami, FL 33133	□ Remove
			Change
			\ \tag{Add}
			□Remove
			☐ Change
			Remove
			Change
			□ Remove
			□Change

D. It amending any other inform	nation, enter change(s) here: (Attach	additional sheets, if necessary.)
-		
	<u> </u>	
E. Effective date, if other than the (If an effective date is listed, the date in	nust be specific and cannot be prior to date of fil	(optional) ing or more than 90 days after filing.) Pursuant to 605.0207 (3 x)
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statute Department of State's records.	ory filing requirements, this date will not be listed as the
f the record specifies a delayed effect ecord is filed.	live date, but not an effective time, at 12:0	It a.m. on the earlier of: (b) The 90th day after the
June 23 Dated	2020	
	Signature of a member or authorized repres	

Typed or printed name of signee