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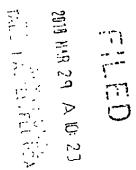
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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COVER LETTER

TO: Registration Sect Division of Corpo					
AP & Associa	ates LLC				
SUBJECT:	Name of Limi	ited Liability Company			
	mendment and fee(s) are sub-				
	Abigail Padro				
	· · · · · · · · · · · · · · · · · · ·	Name of Person		-	
		Firm/Company		-	
	6260 Golden Dewdrop Trl				
		Address		- 72: 21	
	Windermere FL 34786			2010 MAR	
	abigailpadrorealestate@gma	City/State and Zip Code ail.com		29 ASSE	(T)
		to be used for future annual report notific	ation)	A ID 2	
For further information cor	ncerning this matter, please ca	ail;		- [62] - '92] - '92]	
Abigail Padro		407 668-0052 at ()		ត្តរូប ប៉រ	
Name of l	² erson	Area Code Daytime	Felephone Numbe		
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)	Certifie	ate of Status &	

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AP : ASSUCICIES LLC		<u>.</u>
(Name of the Limited Liability Compa (A Florida Limited)	i <mark>ny as it now appears on our record</mark> Liability Company)	<u>ls.</u>)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	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:	
Abigail Padro LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)	 	<u> </u>
Enter new mailing address, if applicable:		975 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(Mailing address MAY BE A POST OFFICE BOX)		mo S
	<u> </u>	
		200 N
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	ffice address on our record <u>e</u> :	s, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	N
	FI	lorida
	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, <u>enter the title</u>, <u>name</u>, <u>and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	Ismael Jimenez	6260 Golden dewdrop trl	
		windermere fl 34786	Remove
			Change
			Remove
			☐ Change
			△ Add
			Change
			The Demove
			Change
			□ Add
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			Change
		<u></u>	Add
			☐ Remove
			Change

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		<u></u>	 			
E. Effective date, if other	than the date of filin			(onti	onal)	
(If an offective date is listed a	the date must be specific an	id cannot be prior to	date of filing or mo	re than 90 days afte	r filing.) Pursuant	to 605,020
Note: If the date inserted document's effective dat	d in this block does not e on the Department of	meet the applical State's records.	ole statutory filing	requirements, thi	s date will not t	se fisted a
If the record specifies a	delayed effective	date, but not	an effective ti	me, at 12:01	a.m. on the	earlier c
(b) The 90th day after	r the record is filed					
March 26		2018				
Dated			-·			
	/h					

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00