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COVER LETTER

TO:

Registration Section

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations		
SUBJECT: APM CONST	RUCTION GROVE LIC	
	Name of Limited Liability Company	,
The enclosed Articles of Amendment	nt and fee(s) are submitted for filing.	
Please return all correspondence con-	ncerning this matter to the following:	
	GOD MEDEIROS Name of Person	_
•	Name of Person	_
API	M CONSTRUCTION GROW LLC Firm/Company	
	Firm/Company	_
	7243 DONNA DR	.34 .
		2018
	NEW PORT RICHEY, FL 3465 City/State and Zip Code ASON & APM CONSTRUCTION GROUP, Code E-mail address: (to be used for future annual report notification)	2011 HAY - 1 A 10:36
	LASON & APMCONSTRUCTION GROUP, C	OM
		5 5
For further information concerning the	his matter, please call:	
GOD MEDEIROS	at (727) 484 2897	•
Name of Person	Area Code Daytime Telephone Number	er
Enclosed is a check for the following	g amount:	
	(additional copy is enclosed) Certifie	cate of Status &
MAILING ADDR Registration Sectio	on Registration Section	
Division of Corpor	rations Division of Corporations	

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

APM CONSTRU	CTION GI	ZOUP LLC			
(Name of the Limiter	d Liability Compar A Florida Limited L	y as it now appears on our iability Company)	records.)		
The Articles of Organization for this Limited Lia Florida document number \(\bullet \frac{\bullet 12.0000167}{}\)		were filed on <u>0/-</u>	<u>18-18</u>	and ass	igned
This amendment is submitted to amend the follow	wing:				
A. If amending name, enter the new name of	the limited liabi	lity company here:			
The new name must be distinguishable and contain the wo	rds "Limited Liabili	ty Company," the designation	on "LLC" or the abbro	eviation "L.I	L.C."
Enter new principal offices address, if applica	ble:	7243	DONNA DE		
(Principal office address MUST BE A STREET	ADDRESS)	NEW POR	T RICHEY	1,FL 3	34652
			<u> </u>		<u>.</u>
Enter new mailing address, if applicable:		7243 D	ONNA DR		
(Mailing address MAY BE A POST OFFICE B	OX)	7243 D	TRICHEY	1, FL 3	4652
B. If amending the registered agent and/o registered agent and/or the new registered offi	ce address here	:	F.	ne name	of the new
Name of New Registered Agent:	400	MEDELROS	G.,		
New Registered Office Address:	720	MEDE(ROS 13 DN NA D Enter Florida street	t address	<i>▶</i>	
	NEW POR	27 RICHEY	, Florida = 30	4452 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 = M $AMBR = A$	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	PHANITH POYHANYA	4457 38th # AVE, N	Add
		4457 38th STAVE, N STPETERSBURG FL 33713	Remove
		 	□ Change
MGR	CHAD ALVES	504 W TIMBER BAYCL	<u>R</u> □ Add
		OLDSMAR, FL 34677	Remove
			Change
			□ Add
			Remove
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tive date, if other than the date of filing:	(optional)
flective date is listed, the date must be specific and cannot be prior to date of If the date inserted in this block does not meet the applicable statu	filing or more than 90 days after filing.) Pursuant to 605
nent's effective date on the Department of State's records.	nory ming requirements, this date with not be list
cord specifies a delayed effective date, but not an eff	ective time, at 12:01 a.m. on the earlie
e 90th day after the record is filed.	
MAY 4 2018	
MAY 4 , 2018.	
Signature of a member or authorized repr	

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Filing Fee: \$25.00