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COVER LETTER

TO: Registration So Division of Cou							
SUBJECT: API	H 08 LLC						
Songeon.	Name of Lin	nited 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:					
	Alexander	Pelacz Name of Person					
		Table of Letter	202 Se				
	APH 08, LLC	Firm/Company	2021 JUL 29 PH 2: 10 SECRITY WESE, FL				
		, ,	L 29				
	2210 SW 137h	, Ayc Address					
	,		E. 3.				
	Fort Lauderd.	City/State and Zip Code holmail. com to be used for future annual report noti					
	10001000	Chystate and Zip Code					
	E-mail address:	to be used for future annual report noti	fication)				
For further information of	concerning this matter, please e	all:					
Alexander P	elaez	at (<u>305</u>) <u>333 – A</u> Area Code Daytim	<i>1353</i>				
Name o	of Pension	Area Code Daytim	e Telephone Number				
Enclosed is a check for the	he 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 Registration 1		Street Address: Registration Section					
Division of C	Corporations	Division of Corporations					
P.O. Box 632		The Centre of T					
Tallahassee, I	FL 32314	2415 N. Monroe Street, Suite 810					

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

y Company as it now appears of Limited Liability Company)	on our records.)
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ted liability company here	:
	202 St
ted Liability Company," the desi	gnation "LLC" or the abbreviation "Inter"
	N
ESS)	
	PH 2:
office address on our reco	ords, enter the name of the new registered
Entar Florid	stront address
Edit I to me	
/*-	, Florida Zip Code
Cuy	г.р Сове
<u>t</u>	ed fiability company here ed Liability Company," the desi ESS)

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>	Address	Type of Action
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fan effective <u>Vote:</u> If th	date, if other than re date is listed, the date he date inserted in th s effective date on th	e must be specific its block does n	c and cannot be not meet the a	e prior to date o applicable stat	filing or more	than 90 days af	otional) der filing.) Pur his date will	suant to not be	605.0207 listed as
e record spe rd is filed.	ecifies a delayed effe	ective date, but	t not an effect	tive time, at 1	2:01 a.m. on	the earlier of:	(b) The 90	th day a	ifter the
Dated <u>A</u>	Tely 26 th,		12:0						
		1	راسعين						
-		Signature	of a member of	r authorized rep	resentative of	a member			

Filing Fee: \$25.00