118000049349

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	idress)	
(Cit	ty/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





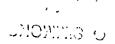
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SECRETARY OF STATE
ALLAMASSEE FLORIDA



COVER LETTER

TO: Registration So Division of Cor			
SUBJECT:		AP WAR LLC	
SUBJECT:	Name of Lin	nted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		JESUSJ. MILIAN	
		Name of Person	
		MILIAN LAW, PA	1
		Firm/Company	
		7260SW8TH STREE	Т
		Address	**************************************
		MIAMI, FL 3314	4
		City/State and Zip Code	
		VENTERTAINMENT@0 to be used for future annual	
For further information of	oncerning this matter, please c		report normation)
ANWAR PO	RTILLA	305	781-6124
Name o	f Person	Area Code	Daytime Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enc	Certificate of Status &
Registr	ING ADDRESS: ration Section on of Corporations	Registrat	C/COURIER ADDRESS: ion Section of Corporations
	ox 6327	Clifton B	

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AP WAR LLC		
(Name of the Limited Liability Company as it now app (A Florida Limited Liability Compan	pears on our records.) ny)	
The Articles of Organization for this Limited Liability Company were filed on Florida document numberL18000049349	02/23/18 and as:	signed
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company	y here:	
AP RAW LLC		
The new name must be distinguishable and contain the words "Limited Liability Company," il	he designation "LLC" or the abbreviation "L	.1C."
Enter new principal offices address, if applicable:	7.4. 5	
(Principal office address MUST BE A STREET ADDRESS)	CRETARY O	FILE
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	107 F	<u>.</u>
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	on our records, enter the name	of the new
Name of New Registered Agent:		
New Registered Office Address:	Florida street address	<u>. </u>
City	, Florida 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, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

	Authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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			☐ Remove
			Change
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ocument'	's effective date of	n the Departm	ent of Stat	te's records.							
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Filing Fee: \$25.00