L18000081861

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Office Use Only				



09/18/18--01005--003 *+25.00



N. CAUSSEAUX SEP 1 3 2018

COVER LETTER

L18-81861

TO: **Registration Section Division of Corporations**

SUBJECT: <u>APD</u> Advanced Stabilization LLC Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

January Slowm

Name of Person

APD Advanced Stabilization Firm/Company

13049 Spring Hill Dr.

Spring Hill FT 34409 CityState and Zip Code

admine appadvanced stabilization com

E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

<u>Some of Person</u> at (<u>352</u>) <u>238 - 5048</u> Area Code Daviane Telephone Number

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) □ \$60.00 Filing Fee. Certifique of Status & Certified Copy (additional copy is enclosed)

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 Taflahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 4, 2018

JANUARY SLOCUM APD ADVANCED STABILIZATION 113049 SPRING HILL DRIVE SPRING HILL, FL 34609

SUBJECT: APD ADVANCED STABILIZATION LLC Ref. Number: L18000081861

We have received your document for APD ADVANCED STABILIZATION LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

No check/money order was in the "PRIORITY MAIL" package.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Nanette Causseaux Regulatory Specialist II Supervisor

Letter Number: 118A00018259



APD Advanced Stabilization 13049 Spring Hill Dr. Spring Hill, Fl 34609 Document #: L18000081861

September 7, 2018

To whom it may concern.

1 sent in an amendment for our LLC. I forgot to place the \$25.00 check in the envelope. Attached is the \$25.00, along with out sunbiz information.

Thank you,

January Slocum

ane Loan

APD Advanced Stabilization

2018 SEP 10 AH 11:21

APD Advanced Stabilization (<u>Name of the Limited Liability Company as it now appears on</u> (A Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Company were filed on $\underline{31}$ Florida document number $\underline{L1800081841}$	30 12018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liability company here</u> :	
The new name must be distinguishable and contain the words "Limited Liability Company," the design	nation "LLC" or the abbreviation "LLC"
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 office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street aa	ldress
	City	. Florida Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Thereby 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. Thereby 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</u> or removed from our records:

• •

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
Merr	All-Purpose Drilling LLC	13230 Call Forest Ave	🗆 Add
		Brooksville Fl 34601	Kemove
			Change
MGR	APD Potting Poly LLC	14030 Wilburton St.	Add
		Spring Hill FI 34609	Remove
			Change
MER	January Slocum	13049 Spring HILL Dr.	XAdd
		Spring Hill Fl 34409	Remove
			Change
			Add
			21 Remote
			⊖∻iiq ≯
			C Remove
			Change
			🗅 Add
			Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, (f necessary.)

	· · · · · · · · · · · · · · · · · · ·
	" <u>.</u>
	······································
	\sim
	<u> </u>
	• • •
	<u>A</u>
	<u> </u>
•	• .
	<u> </u>
	······································
	on "
	*
	0
	PH 6: 0

E. Effective date, if other than the date of filing: <u>8\34\30008</u> (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(b)
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

. 2018 Dared (Lucyust 24 A sentence of a member or anthorized representative of a member anuan Docum NUN

Page 3 of 3

Filing Fee: \$25.00