L18000084368

	(Requestor's Name)
<u></u>	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	,,
	(Document Number)
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CAPITAL CONNECTIÓN, INC.

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APOGEE 1, LI	LC		
Please Debit Fo	CA000000003 For	: 25	
Thank you Seth	n Neeley		
Sta			Art of Inc. FileLTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art. of Amend. File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Phuto Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
/	,		Officer Search
A			Fictitious Search
Signature	7/		Fictitious Owner Search
			Vehicle Search
			Driving Record
Requested by: SE	TH		UCC 1 or 3 File
Name	Date	Time	— UCC 11 Search
ranic	Date	rine	UCC 11 Retrieval
Walk-In	Will Pick	Up	Courier

COVER LETTER

TO: Registration Division of Co			
APOGEE			
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	bmitted for filing.	
Please return all corresp	oondence concerning this matter	r to the following:	
	AMANDA CASTELLON		
		Name of Person	
	DOUGLAS REGISTERE	D AGENTS, LLC	
		Firm/Company	
	2600 S. DOUGLAS RD,S	TE 1000	
		Address	
	CORAL GABLES, FL 33	134	
		City/State and Zip Code	
	ACASTELLON@CASTEI	LLONPL.COM (to be used for future annual report notification)	
For further information	concerning this matter, please c	•	
AMANDA		786 391-3721 at ()	
Name	of Person	Area Code Daytime 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 & ☐ \$60.00 Filing Detectified Copy (additional copy is enclosed) ☐ \$60.00 Filing Detectified Copy (additional copy Certified Copy Certified Copy Certified Copy Certified Copy Certified Copy (additional copy Certified Cer	Status & y
Mailing Addre Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

APOGEE 1, LLC

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(<u>Name of the Limited</u>	Liability Compai	ny as it now appears on	our recorded UKE Talk v com -	
·	The state of the s	substity Company)	TALLAHASSEE. FLORIDA	
The Articles of Organization for this Limited Liai	oning Company	were filed on $\frac{04/09/2}{}$	2018 and assigned	
Florida document number L18000089368			-	
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liabi	lity company here:		
The new name must be distinguishable and contain the wor	ds "Limited Liabili	ty Company," the design	ation "LLC" or the abbreviation "L.I., C."	
Enter new principal offices address, if applicat		2600 S. DOUGLAS		
(Principal office address MUST BE A STREET		CORAL GABLES, FL 33134		
12- Michael Office dadress MOST BE A STREET	<u>ADDRESS)</u>		335.5	
Enter new mailing address, if applicable:		2600 S. DOUGLAS	RD, STE 1000	
(Mailing address MAY BE A POST OFFICE BO	<u>0x)</u>	CORAL GABLES, F	FL 33134	
D. If amonding the section 1				
B. If amending the registered agent and/or reg agent and/or the new registered office address	istered office ad here:	ddress on our record	ds, enter the name of the new registered	
Name of New Registered Agent:	DOUGLAS REC	SISTERED AGENTS,	LLC	
New Registered Office Address:	2600 S. DOUGL	AS RD, STE 1000	_ 	
		Enter Florida st	reet address	
	CORAL GABLE	es	, Florida 33134	
		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.

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Taddeo, Orlando	2600 S. DOUGLAS RD, STE 1000	
		CORAL GABLES, FL 33134	□Remove
			■Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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			Remove
			□ Change

			
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ective date, if other than the date of filing:		(b)	
effective date is listed, the date must be specific and cannot be prior to ee. If the date inserted in this block does not meet the applicable	date of filing or more than 90	(optional) Odays after filing.) Pr	ursuant to 605.020
ument's effective date on the Department of State's records.	ie statutory itting requirer	nents, this date wi	n not be listed a
and and the delication of the second			
cord specifies a delayed effective date, but not an effective time filed.	e, at 12:01 a.m. on the car	ther of: (b) The 9	Oth day after the
NOVEMBER 7			
ed NOVEMBER 7			
	ed representative of a member	nur	