L18000141829

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SECRETARY OF STAIL

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COVER LETTER

Division of Cor	rporations		
305 Apto I SUBJECT:	J.C		
7000ECT.	Name of Lim	ited 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:	
	Maria Corina Russo		
	305 Apto LLC	Name of Person	
	8326 Nw 116 ave	Firm/Company	
	Doral Florida 33178	Address	
	mcori92@gmail.com	City/State and Zip Code	.
		to be used for future annual report notifi	cation)
For further information c	oncerning this matter, please co	all:	
Maria Corina Russo		305 3192340 at ()	
Name o	of Person		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)

TO:

Registration Section

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 Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO

ARTICLES OF ORGANIZATION 305 APTO LLC

SECRETARY PH 3- 10

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on _____ and assigned L18000141829 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "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 address City 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

It 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 = A	Authorized Member		i
<u>Title</u> MGR	<u>Name</u> Maria Corina Gonzalez	Address 8326 NW 116th Ave Doral FL 33178	Type of Action
			Add
			☐ Change
MGR	Maria Corina Russo	8326 NW 116th Ave Doral FL 33178	
			Remov e
			Change
			□ Add
			move T
			Charge II
			SEA dd
			Remove
			☐ Change
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-	-
ective date, if other than the da	te of filing: (optional) specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0
e: If the date inserted in this block	does not meet the applicable statutory filing requirements, this date will not be listed
ument's effective date on the Depar	rtment of State's records.
ecord specifies a delayed ef ne 90th day after the record	ffective date, but not an effective time, at 12:01 a.m. on the earlier
to your day area and record	1
August 20	2018
ed	
Sig	nature of a member or authorized representative of a member

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Filing Fee: \$25.00