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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : HISPANUSA INC Account Number : 120070000099 : (954)478-2706 Phone Fax Number : (954)934-0334

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address:____

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T. LEMIEUX

MAY - 8 2025

·		-ÇQVER-LETTER	·
TO: Registration Division of C	Section Corporations		
REFOCU)S LLC		
WODULCT:	Nama of Li	mited Liability Company	
The enclosed Articles	of Amendment and fee(s) are su	ibinitted for filing.	
Please return all corres	pondence concerning this matte	ar to the following:	
	RUTH CHAVERRA		
		Name of Person	
		Firm/Company	
	8050 N UNIVERSITY D	R STE 206	
		Address	
	TAMARAC, FL 33321		
	INFO@HISPANUSA.CO	City/State and Zip Code	
	E-mail address:	(to be used for future annual report noti	(cation)
For further information	concerning this matter, please o	sil:	
RUTH CHAVERRA	· · · · · · · · · · · · · · ·	954 934-0194 at (
Name	of Parson	Area Code Daytime	Telephone Number
Enclosed is a check for a	the following amount:		
層 \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Malling Address Registration of C	Section Cotporations	Street Address: Registration Sec Division of Corp	

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

-ARTICLES-OF-AMENDMENT TO ARTICLES OF ORGANIZATION OF

REFOCUS LLC		
(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 10/01/2018 Florida document number L18000232363	_ and assign	ned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company here: APEX POINT COLLECTIVE LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbre	viation "L.L.C	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
Enter new insiling 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 agent and/or the new registered office address here:	f the new re	gistetet
Name of New Registered Agent:		
New Registered Office Address: Enter Florida spreet whitess		
. Florida		ίö
City	Zip Code	9

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	e, enter the title, name, and address of each person, being added
or removed from our records:	

MGR = N $AMBR = N$	Tanager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
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			□ Remove
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record is fil	d 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 ed.
ated]	APRIL 23RD
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00