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(Reque	estor's Name)	
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PICK-UP	WAIT	MAIL
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(Docui	ment Number)	
Certified Copies	Certificates o	of Status
Special Instructions to Fili	ng Officer:	

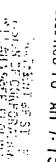
Office Use Only



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## COVER LETTER

Registration Section
Division of Corporations

TO:

APEX CON SUBJECT:	SULTATION LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	RODRIGO MONTEVERI	DE	
		Name of Person	
	APEX CONSULTATION	LLC	
		Firm/Company	<del></del>
	3 GROVE ISLE DR.		
	·	Address	<del></del>
	COCONUT GROVE, FL	33133	
		City/State and Zip Code	
	rm@apexcapital.io		
	E-mail address: (	to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
RODRIGO MONTEVER	RDE	561 403-4937	
Name o	f Person		ne Telephone Number
Enclosed is a check for th	ne 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)
Mailing Addres Registration S		<u>Street Address:</u> Registration Se	ection
Division of C	orporations	Division of Co	•
P.O. Box 632 Tallahassee J		The Centre of 2415 N. Monro	Lallahassee ne Street Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

APEX CONSULTATION LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Florida document number 1.19000062716		
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	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u></u>	
Enter new mailing address, if applicable:	3 GROVE ISLE DR	
· · · · · · · · · · · · · · · · · · ·	APT 1007	
(Mailing address MAY BE A POST OFFICE BOX)	A1 1 1007	
(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered off	COCONUT GROVE, F	
	COCONUT GROVE, F	
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	COCONUT GROVE. F	, enter the name of the new registered
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:  Name of New Registered Agent:	COCONUT GROVE, F	enter the name of the new registered
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:  Name of New Registered Agent:	COCONUT GROVE. F	, enter the name of the new registered
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:  Name of New Registered Agent:	COCONUT GROVE, Fice address on our records,  Enter Florida stree	enter the name of the new registered address

If 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 adder or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	RICARDO ORTEGA	840 SW 81ST AVE	□ Add
		SUITE 303L	■Remove
		NORTH LAUDERDALE, FL 33068	□Change
AMBR	RODRIGO MONTEVERDE	3 GROVE ISLE DR	□ Add
		APT 1007	
		COCONUT GROVE, FL 3313	<b>≣</b> Change
MNR	MNR ADRIAN I FLORES	840 SW 81ST AVE	□Add
	,	SUITE 303L	≣Remove
	NORTH LAUDERDALE, FL 33068	□Change	
			□Add
			□ Change
		□Remove	
			□Change
<del>=</del>			□Add
			□Remove

Change

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ote: If the date inser	the date must be specificated in this block does a late on the Department	not meet the applicable	ate of filing or more than e statutory filing requi	(optional) 90 days after filing.) Purst rements, this date will r	uant to 605.02 tot be listed
e record specifies The 90th day aft	a delayed effections are the record is file	ve date, but not a led.	n effective time,	at 12:01 a.m. on th	ne earlier
AUGUST I		2020			
ated		<del></del>			
	-	1112	<b></b>		
-	Signature	of a member or authorize	ed representative of a me	ember	<del></del>