

L19000 224 OK

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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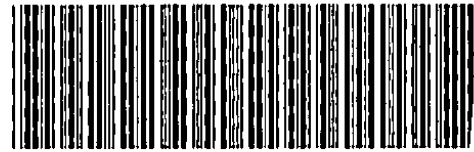
(Business Entity Name)

(Document Number)

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10/07/19--01023--1

OCT 26 2019

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: APEX MOTORHAUS 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:

LIGELLA MEJIA

Name of Person

Firm/Company

6055 NW 105TH CT APT 108

Address

DORAL, FL 33178

City/State and Zip Code

lmejiallc@hotmail.com

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

For further information concerning this matter, please call:

LIGELLA MEJIA

786

385-2055

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 &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Sta
Certified Copy
(additional copy is e

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
OF

APEX MOTORHAUS LLC

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

RECEIVED
FEB 11 2019
ALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 09/04/2019 and as
Florida document number L19000224049.

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

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 n
registered agent and/or the new registered office address here:**

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____. Florida _____
City Z

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
provisions of all statutes relative to the proper and complete performance of my duties, and I am fami
accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if tl
being filed to merely reflect a change in the registered office address. I hereby confirm that the limite
company has been notified in writing of this change.*

If Changing Registered Agent, Signature of New Regis

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

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


We are only changing the titles.

Thank you!

E. Effective date, if other than the date of filing: _____ (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 the Department of State's records.
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be 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 (b) The 90th day after the record is filed.

Dated September 30, 2019



Signature of a member or authorized representative of a member

LIGELLA E MEJIA

Typed or printed name of signee