## L19000265881

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Office Use Only



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## **COVER LETTER**

TO: Registration Division of C			
Apco Ho SUBJECT:	ldings LLC		
SOBJECT.	Name of Lir	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sul	bmitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Rafael Raurell		2021 APR -8
		Name of Person	PR-8 PR
		Firm/Company	平 5
	9560 SW 107th Ave. Suite	e 108	,-:: U
		Address	<del>*</del>
	Miami, Fl. 33176		
	raurell@aol.com	City/State and Zip Code	
	E-mail address:	(to be used for future annual report noti-	fication)
For further information	concerning this matter, please of	all:	
Rafael Raurell		786 256-2916	
Name	of Person		e 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 Status & Certified Copy (additional copy is enclosed)
Mailing Addr Registration Division of P.O. Box 63 Tallahassee	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee e Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Apco Holdings LLC		
( <u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on 10/23/2019	and assigned
lorida document number L19000265881	·	
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the lim	ited liability company here:	~1
Apco Consulting LLC		1021
he new name must be distinguishable and contain the words "Lim	nited Liability Company." the designation "LLC" or	the abbreviation "L.L.C."
inter new principal offices address, if applicable:		6
Principal office address MUST BE A STREET ADDR	RESS)	
		ino F
inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
<del></del>		
If your Park to the same to th		
. If amending the registered agent and/or registered gent and/or the new registered office address here:	d office address on our records, <u>enter the</u>	name of the new regist
entre address here.		
Name of New Registered Agent:		
New Registered Office Address:		
registers office Addition.	Enter Florida street address	
	, Florid	la 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.

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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
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te: If the date inserted in this block does no tument's effective date on the Department of	ot meet the applicat	ole statutory filing	requirements, th	is date wi	ll not be listed
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cord specifies a delayed effective date, but i s filed.	not an effective tim	e, at 12:01 a.m. or	the earlier of: (	b) The 9	0th day after t
ed April 5	2005				
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Typed or printed name of signee