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COVER LETTER

A.P. CAPE	TAL INVESTMENTS, LLC.		
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Carmen A. Perez		
	-	Name of Person	
	A.P. CAPITAL INVESTM	MEN'TS, LLC.	
		Firm/Company	
	4701 SW 95th Ave		
		Address	
	Miami, FL 33165		
		City/State and Zip Code	
	s.alvero1488@gmail.com		
		to be used for future annual report notifi	ication)
For further information c	oncerning this matter, please c	all:	
Stephanie Alvero	_	786 379-0968	
Name o	f Person	Area Code Daytime	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 Address	<u>s:</u>	Street Address:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section Division of Corporations

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A.P. CAPITAL INVESTMENTS	, LLC.	
(Name of the Lin	nited Liability Company as it now a (A Florida Limited Liability Comp	ppears on our records.) any)
The Articles of Organization for this Limited	on 11/7/2019 and assigned	
Florida document number L19000278183	·	
This amendment is submitted to amend the fo	llowing:	
A. If amending name, enter the new name	of the limited liability compar	ny here:
The new name must be distinguishable and contain the	words "Limited Liability Company."	the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		:
		1 .
B. If amending the registered agent and/or agent and/or the new registered office addr	registered office address on o ess here:	our records, enter the name of the new register
Name of New Registered Agent:	Carmen A. Perez	
New Registered Office Address:	4701 SW 95 Ave	
	Enter	r Florida street address
	Miami	Florida 33165
	City.	Zıp 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
MGR	Stephanie Alvero	4701 SW 95 Ave	□Add
		Miami, FL 33165	■Remove
			□Change
MGR	Ramon A. Alvero	4701 SW 95 Ave	□Add
		Miami, FL 33165	=Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
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			☐ Change
			□Add
			□Remove
			∫ □Changa

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Note:	fective date, if other than the date of filing:
ne re The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of a 90th day after the record is filed. November 25th 2019
The	90th day after the record is filed.
he re The Dated	

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Filing Fee: \$25.00