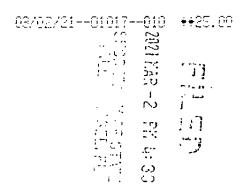
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COVER LETTER

	gistration sec vision of Corp						
	AP2JJ LLC						
SUBJECT	·	Name of Limi	ted Liability Company				
The enclose	ed Articles of /	Amendment and fee(s) are sub-	nitted for filing.				
Please retui	rn all correspor	ndence concerning this matter	to the following:				
		ELISABETH BRADY CPA	Λ				
		<u> </u>	Name of Person		•		
		ELISABETH BRADY CPA	A PA		ر از در در	202	
Firm/Company					7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- c	E
9595 N KENDALL DR., SUITE 200						2	
			Address			ر	
MIAMI, FL 33176					[기년 [기년: 구구]	Fit 4:33	
			City/State and Zip Code			ယ	
		ebrady@ebradytax.com					
		E-mail address: (to be used for future annual report not	itheation)			
For further	information co	oncerning this matter, please ea	iH:				
ELISABETH BRADY CPA		305 271 6797 at ()					
	Name of	Person	Area Code Daytir	ne Telephone Numbe	r		
Enclosed is	s a check for th	e following amount:					
■ \$25.00) Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Statu		
R	lailing Addres	Section	Street Address: Registration S				
Division of Corporations P.O. Box 6327			Division of Co The Centre of				
	allahassee, l			oe Street, Suite	810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AP2JJ LLC		
(Name of the Limited Liability (A Florida I	Company as it now appears on our records Limited Liability Company)	.)
The Articles of Organization for this Limited Liability Co	ompany were filed on 11/27/2019	and assigned
lorida document number L19000292969		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limit	ed liability company here:	
APJJ LLC		
he new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		3 3 11
<u> Principal office address MUST BE A STREET ADDRI</u>	ESS)	7
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
3. If amending the registered agent and/or registered gent and/or the new registered office address here:	office address on our records, enter	the name of the new registe
gent and/or the new registered office address here.		
Name of New Registered Agent:		
		-
New Registered Office Address:	Enter Florida street address	-
	ពាក	orida
- 	, F10	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
			□Add
			□Remove
			□Change
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Effective date, if other than the data an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Dep	e specific and o k does not me	cannot be prior ect the applic	able statutory	g or more than filing requi	(option 90 days after rements, this	filing.) Purs	uant to 605. not be liste	.02 ed :
ne record specifies a delayed effective ord is filed.	date, but not a	an effective t	ime, at 12:01	a.m. on the	carlier of: (b) The 90t	h day after	r th
Dated	,	2021	·					
			norized represen					

Filing Fee: \$25.00