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COVER LETTER

FO: Registration Section Division of Corporations	
SUBJECT: AP Capital Holdings // 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:	
Frantz E- Alphonse	
Name of reason	
AP Capital Holdings 11, LLC Firm/Company	
9100 Conrey Windernere Road, +	4700
Windermere, FL 34786	
City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
	1-3
Richard Coaxam, Jr. Esq. at (321) 961-8607 Name of Person Area Code Daytime Telephone Number	· ,
Name of Person Area Code Daytime Telephone Number	\ <u>\</u>
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified	te of Status &
Mailing Address: Street Address:	
Registration Section Registration Section Division of Corporations Division of Corporations	
P.O. Box 6327 The Centre of Tallahassee	
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 8 Tallahassee, FL 32303	10

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	dings 11, LLC	
(Name of the Limited Liability Compar (A Florida Limited L	ny as if now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company of Florida document number \(\(\frac{\partial}{2000300917}\). This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability of the liability of t		and assigned
The new name must be distinguishable and contain the words "Limited Liabili	-	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	9/00 Conroy Winder Saile 200 Windermere, Florida	mere Road 34186
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	9100 Conray Winder Saife 200 Windermere, Hould	mere Rocal
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the nan	ne of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	.`
	, Florida	
	City	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 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>	Name	Address	Type of Action
AMBR	Richard Powell	4100 Conroy Winderners Rosal # 200 Wallemere, FC 34786	DAdd
			□Remove
			□Change
			□Add
		□Remove	
		🗆 Change	
		\ \ \ Add	
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		-⊡Remove	
			☐Change
			
		□Remove	
			□Change
			□Add
		·	□Remove

amending any other information, enter change(s) here: (Attach additional sheets, if necessary	7
	
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ective date, if other than the date of filing: (optional)	
n effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date	
cument's effective date on the Department of State's records.	c)
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The s filed.	e 90th day after the
1	
red April 17 , 2020	
// Signature of a member or anthorized representative of a member	
Typed or printed name of signee	