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COVER LETTER

Tallahassee, FL 32314

TO: Registration 5 Division of Co			·
eup iezer.	APO	COM LLC	
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of	of Amendment and fee(s) are subn	itted for filing.	
Please return all corresp	condence concerning this matter t	o the following:	
	Nicol	as Benjaminovia	ih
		Name of Person	,
		APCOH LLC	
		Firm/Company	
	10185 C	ollius Lue Lpt 408 Address	8
		Address	
	Bal Har	bour FL 33154 City/State and Zip Code	
		a photmail - com	.
	W'W DEN i	be used for future annual report noti	fication)
For further information	concerning this matter, please ca	II:	
Nicolas	Benjaminouich	at (786) 315-	8765
· Name	of Person	Area Code Daytim	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		Street Address: Registration Se	ction
_	Corporations	Division of Cor	
P.O. Box 63		The Centre of T	l'allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

•	YPCOH LLC	
(Name of the Limited Liah (A Flor	ility Company as it now appears ida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Florida document number <u>L 20000 2337</u>	Company were filed on	1 16 2020 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company he	<u>re</u> :
The new name must be distinguishable and contain the words "L	imited Liability Company," the de	signation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADI	DRESS)	
		720 / P
		T as T
inter new mailing address, if applicable:		2 2
Mailing address MAY BE A POST OFFICE BOX)		
	 	17 S D
		LATE
3. If amending the registered agent and/or register agent and/or the new registered office address here	red office address on our re 	cords, enter the name of the new register
cent units of the new register course used easy new	•	
Name of New Registered Agent:		
New Registered Office Address:		
The Wegistered Office Address.	Enter Flori	da 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 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	Menachem Smierc	3575 NE 207 +4 ST STEB2	O □Add
		Aventura FL 33180	Remove
			□Chunge
MGR	Gustavo Kersz	10185 Collius Ave Apt 408	□Add
		Bal Harbour FL 33154	Remove 20
		20: 20: 20: 20: 20: 20: 20: 20: 20: 20:	Add Conserve
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<u>te:</u> If th	e date in	serted in	n the date the must be s this block of the Depart	loes no	t meet t	he appli	cable st	of filing austory	or more filing re	than 90 da quireme	(optic lys after nts, this	onal) filing.) P date w	ursuant to	o 605.02 : listed
ecord sp is filed.	ecifies a c	delayed e	Tective dat	e, but r	iot an ei	Tective	time, at	12:01	ı.m. on 1	he earlie	r of: (b) The S	90th day	after th
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Filing Fee: \$25.00