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orida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number: 120160000017

Phone : (855)498-5500 Fax Number : (800)432-3622

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

22

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AP CAPITAL HOLDINGS I, LLC

Certificate of Status	0
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AUG 11 2020

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Corporate Filing Menu

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AP CAPITAL HOLDINGS I, LLC				
(Name of the Limited Liability Com (A Florida Limite	ngany as it now appears ed Liability Company)	on our records.)		
he Articles of Organization for this Limited Liability Compa	ny were filed on 07/1	7/2020	and	assigned
lorida document number L20000208577				
his amendment is submitted to amend the following:				
If amending name, enter the new name of the limited li	ability company her	<u>e</u> :		
he new name must be distinguishable and contain the words "Limited Li	ability Company," the des	signation "LLC" or th	ne abbreviation	"L.L.C."
nter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDRESS)				
			·	
nter new mailing address, if applicable:				
<u> Mailing address MAY BE A POST OFFICE BOX)</u>			- 3	- 197
			9116	
. If amending the registered agent and/or registered office and/or the new registered office address here:	ce address on our re	cords, <u>enter the r</u>	name of the	new registe
ent and/or the new registered office address here.			\triangleright	7.77
		٠	ထ္	J
Name of New Registered Agent:		- <u> </u>		
New Registered Office Address:				
	Enter Florid	la street address		
		, Florida	ı	
	City		Zip Co	ode
ew Registered Agent's Signature, if changing Registered Age	<u>at:</u>			

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

Taylor Seay 8004323622

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	Frantz Alphonse	10215 Gopher Rd, Howey In The Hills, FL 34737	\equiv Add
			Remove
			Change
AMBR	Richard Powell	9100 Conroy Windermere Rd Ste 205 Winder	mere, FL 34786 ⊟Add
			□Remove
			□ Change
MGR	Frantz Alphonse	10215 Gopher Rd, Howey In The Hills, FL 34737	= Add
			□Remove
			□Change
MGR	Richard Powell	9100 Conroy Windermere Rd Ste 205 Winderm	ere, FL 34786 ≡∧dd
			□Remove
			□ Change
Authorized Representative	Monica Trimble	4155 Blue Major Dr., Windermere, FL 34786	= Add
			□Remove
			□ Change
			□Add
			□Remove
			Change

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