L2000 223345

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COVER LETTER

TO: Registration S Division of Co			
CUBICCT	AP PROPERT	TES USA LLC	
SUBJECT:	Name of Limit	ted Liability Company	
The enclosed Articles o	f Amendment and fee(s) are subm	nitted for filing.	
Please return all corresp	ondence concerning this matter t	o the following:	
	LUIS A	LEJANDRO VAL	LEJO
		Name of Person	
	AP PRO	PERTIES USA	LLC
		Fitm/Company	
	165 NW 96TH	HTEK #3-204	
		Address	
	PEMBROKE PI	NES / FL / 3302	4
	10 00 -	NES / FL / 3302 City/State and Zip Chde PERTIES® HOTM	<u> </u>
		DEKTIES WHOTM	
For further information	concerning this matter, please ca	·	.canony
	-		0.110
Name	of Person	at (305) HQ - Area Code Daytime	Tolorbona Number
rvaine	or reason	Area Code Daytine	- receptione Nutriber
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 Addre		Street Address:	
Registration Division of	Section Corporations	Registration Section Division of Corporations	
P.O. Box 63	•	The Centre of T	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AD DRADERTIES

(Name of the Limited Liability Compa (A Florida Limited	O O 1 2 2 2 7 2 5 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
The Articles of Organization for this Limited Liability Company Florida document number <u>L20002233</u> 45	were filed on O7 28 2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	vility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name 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 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 2229 AUS 11 An 7: 14	Type of Action
C <u>EO</u>	LUIS ALEJANDRO VALLEDO	165 NW 96TH TER #3-204	□Add
		Pembroke Pines, FL, 33024	Remove
			□ Change
<u>(£0</u>	PACKA HATTON	165 NW 96TH TER #3-20	/ □Add
		Pembioke Anes, Fl, 33024	Remove
			□Change
			□Add
			□Remove
			□Change
MGRM	LUIS ALEJANDRO VACCEJO	165 NO 96+1/43-204 Pemboke Pines, FL, 33024	X ∧d₫
VACEOO	Pemboke Pires, FL, 33024	□Remove	
			Change
MGRM	PACKA IRAIDA HATTON	165 NW 96TH TER #3-204	
τος πορ	1 0A 17079	Pembroke Pres, FL, 33021	□Remove
			□Change
		· · · · · · · · · · · · · · · · · · ·	□Add
			□Remove
			Change

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(If an ei <u>Note:</u>	tive date, if other than the date of filing:
the reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the iled.
Dated	OB/07/2020 Attando Laber Signature of a member or authorized representative of a member