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COVER LETTER

TO: Registration Division of C			
SUBJECT:	Dodou Apparo	21 116	
	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Circla	Name of Person	
	Dadou	A-PPACEL LLC Firm/Company	
	406 SW	75th Way	
	North la	udrdale, Fl 330k City/State and Zip Code	58
	E-mail address: (1AD Holmail 600 to be used for future annual report notif	ication)
For further information	n concerning this matter, please ca	all:	
	da Georges e of Person	at (<u>954</u>) <u>- 903 -</u> Area Code Daytime	8519 : Telephone Number
Enclosed is a check for	r 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 Add Registration	n Section	Street Address: Registration Sec	
Division of	Corporations	Division of Corp	porations

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Cor (A Florida Limit	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Comparing the Florida document number <u>L 2000 248063</u> .	any were filed on 08 13 2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	es Crai Dsay 8 / C iability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		33068
Enter new mailing address, if applicable:		2622
(Mailing address MAY BE A POST OFFICE BOX)		1000
B. If amending the registered agent and/or registered office address here:	ce address on our records, <u>enter the r</u>	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	Type of Action		
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			□Remove		
			□Change		
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ed <u>March</u>	1		2092	<u>.</u> ·					
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