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| · (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

July 8, 2021

DERICK ARMSTRONG 11816 HARPSWELL DR. RIVERVIEW, FL 33579

SUBJECT: APEX GROUP INVESTORS LLC

Ref. Number: L20000283710

We have received your document for APEX GROUP INVESTORS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 921A00015578

Alecia Rivers Regulatory Specialist II

www.sunbiz.org

COVER LETTER

Registration Section

Tallahassee, Fl. 32314

TO:

Division of Corporations APEX GROUP INVESTORS LLC (Name Change to APEX GROUP SERVICES LLC) SUBJECT: _____ 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: Derick Armstrong Name of Person APEX GROUP INVESTORS LLC Firm/Company 11816 Harpswell Dr Address Riverview FL 33579 City/State and Zip Code dericksarmstrong@nm.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Derick Armstrong Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$60.00 Filing Fee. □ \$55.00 Filing Fee & □ \$30.00 Filing Fee & ■ \$25.00 Filing Fee Certificate of Status & Certified Copy Certificate of Status Certified Copy (additional copy is enclosed). (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| APEX GROUP INVESTORS LLC | |
|--|-----------------------|
| (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) | <u>_</u> |
| The Articles of Organization for this Limited Liability Company were filed on 9/10/2020 Florida document number L20000283710 | and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liability company here: | |
| APEX GROUP SERVICES LLC | |
| The new name must be distinguishable and contain the words "Limited Liability 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) | <u></u> |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | |
| B. If amending the registered agent and/or registered office address on our records, <u>enter the na</u> agent and/or the new registered office address here: | me of the new registe |
| Name of New Registered Agent: | |
| New Registered Office Address: | این (ع |
| 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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| If amending any other infor | mation, enter change(s) | here: (Attach ac | lditional sheets, if r | recessary.) | |
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| Effective date, if other that (If an effective date is listed, the da Note: If the date inserted in t document's effective date on | te must be specific and cannot b his block does not meet the | e prior to date of fill applicable statutor | ne or more than 90 days | optional) s after filing.) Pursuant to 60 s, this date will not be li | 05.0207 (sted as t |
| he record specifies a delayed ef ord is filed. | fective date, but not an effec | ctive time, at 12:0 | La.m. on the earlier | of: (b) The 90th day af | ier the |
| Dated MAY 26 | 2021 | | | | |
| D A | (A) | | | | |
| fleuth | Signature of a member of | or authorized repres | entative of a member | | |
| DERICK ARMST | RONG | | | | |
| DIANCE ARASIST | | or printed name of s | ignee | | |

Filing Fee: \$25.00

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000283710

Entity Name: APEX GROUP INVESTORS LLC

Current Principal Place of Business:

11816 HARPSWELL DR RIVERVIEW, FL 33579

Current Mailing Address:

11816 HARPSWELL DR RIVERVIEW, FL 33579

FEI Number: 85-2945357

Certificate of Status Desired: No

FILED May 03, 2021

Secretary of State

5938186510CC

Name and Address of Current Registered Agent:

LODEN, SCOTT T 5885 CENTRAL AVE STE A SAINT PETERSBURG, FL 33710 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

5/26/2021 Date

Authorized Person(s) Detail:

Title

MGR

Name

ARMSTRONG, DERICK

Address

11816 HARPSWELL DR

City-State-Zip: RIVERVIEW FL 33579

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same logal affect as if made under eath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DERICK ARMSTRONG

05/03/2021