L20000290742

| (Re | questor's Name) | |
|--|-------------------|------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | cument Number) | |
| (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: | | |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | _ | |

Office Use Only



000402077970

00/014/039--01/014/-035// **20/00

023 FEB 14 PH 4: 14

COVER LETTER

., ...

Tallahassee, FL 32314

TO:

| TO: Registration Se Division of Cor | | | | | | | | |
|---|--|---|--|--|--|--|--|--|
| Aptivos, LI | LC . | | | | | | | |
| SUBJECT: | Name of Lim | ited Liability Company | | | | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | | | | | | |
| Please return all correspo | ondence concerning this matter | to the following: | | | | | | |
| | Douglas E. Geller | | | | | | | |
| | | Name of Person | | | | | | |
| | Aptivos, LLC. | | | | | | | |
| | Firm/Company | | | | | | | |
| | 9858 Clint Moore Road - | Suite C-111-203 | | | | | | |
| | | Address | · · · · · · · | | | | | |
| | Boca Raton, FL 33496 | | 2023 FEB 14 PM 4: 14 | | | | | |
| | | City/State and Zip Code | —— <u> </u> | | | | | |
| | dgeller@gdsi.com | | | | | | | |
| | E-mail address: (| to be used for future annual report notification | on) | | | | | |
| For further information of | oncerning this matter, please ca | all: | | | | | | |
| Douglas Geller | | 954 3099332 | | | | | | |
| Name o | f Person | at () Area Code Daytime Tel | ephone Number | | | | | |
| Enclosed is a check for the | he 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 Addres Registration S Division of C | Section | Street Address: Registration Section Division of Corpora | | | | | | |
| P.O. Box 632 | | The Centre of Talla | hassee | | | | | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability Compa (A Florida Limited) | i <mark>ny as it now appears on our r</mark> Ciability Company) | ecords.) | | | |
|--|---|---|--------------------|-------------------|--|
| The Articles of Organization for this Limited Liability Company | were filed on | a | nd assig | med | |
| Florida document number | | | | | |
| This amendment is submitted to amend the following: | | | | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | | | | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation | "LLC" or the abbrevia | ion "L.L. | C." | |
| Enter new principal offices address, if applicable: | to amend the following: r the new name of the limited liability company here: able and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." address, if applicable: IST BE A STREET ADDRESS) if applicable: I POST OFFICE BOX) ed agent and/or registered office address on our records, enter the name of the new registered office address here: Stered Agent: Inc. Address: Enter Florida street address Enter Florida street address Tip I I I I I I I I I I I I I I I I I I I | | | | |
| (Principal office address MUST BE A STREET ADDRESS) | | | 336 | <u>-73</u>] | |
| | | | 3 | ******** | |
| | | ••• | + | ी शामिक | |
| Enter new mailing address, if applicable: | | n.i-á | × | 1 2 () | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | - | 40.00 | |
| | | ni | 4 | | |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: | | | he new | register | |
| | Florida | | | | |
| | City | _, F1011d2 | Code | | |
| New Registered Agent's Signature, if changing Registered Agent: | | | | | |
| I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change. | performance of my dutie provided for in Chapter (| es, and I am famili 505, F.S. Or, if thi | ar with s docun | and ient is | |

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> | Name | Address | Type of Action |
|--------------|----------------|---|-----------------|
| MGR | Jessica Geller | 9858 Clint Moore Road - Suite C-111-203 | BAdd |
| | | Boca Raton, FL 33496 | □Remove |
| | | | □Change |
| MGR | Douglas Geller | 9858 Clint Moore Road - Suite C-111-203 | □Add |
| | | Boca Raton, FL 33496 | □Remove |
| | | | = Change |
| | | | 202Add PE |
| | | | Remove |
| | | 54 57 25 | Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |

| Jessica Geller is now10% own | ет | | | | | | | | |
|---|---------------|---------------|---------------|------------------|----------------|---------------|--|-----------|----------------|
| | | | . | | | | | | - |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | - |
| | | | | | | | | | - |
| | | | | | | | | | |
| | | | | | <u>.</u> | | · | | - |
| | | | | | | | | | - |
| | | | | | | | | | |
| | | | | - | | | | | - |
| | | | _ | | - | | <u>.</u> | | - |
| | | | | | | | | | |
| | | | | | | | | | _ |
| | | | - | | | | | | - |
| | | | | | | | | | _ |
| | | | | | | | | | |
| | | | | | | | | | - |
| <u> </u> | | | | | | | | | _ |
| | | | | | | | | | |
| | | | | | - | | | | - |
| | | | | | | | | | _ |
| | | | | | | | | | |
| ective date, if other than the | date of fil | ing: | | | | (option | al) | | |
| neffective date is listed, the date must te: If the date inserted in this bloom | be specific a | and cannot l | be prior to d | ate of filing of | r more than 90 | days after fi | ling.) Pu rs u late will n | ant to 60 | 5.020 ted a |
| nument's effective date on the De | partment o | of State's re | ecords. | statutory in | ing require | nema, una c | ate will in | 01 00 113 | icu a |
| | | | | | | | | | |
| cord specifies a delayed effective | date, but r | not an effe | ctive time, | at 12:01 a.r | n. on the ear | lier of: (b) | The 90th | day aite | er the |
| s filed. | | | | | | | | ?3 F | |
| 9 . 1 22 | | 2022 | | | | | : | 83 | |
| September 22 | | 2022 | · | | | | | 1 | 9 |
| | | | | | | | 69 | PH | |
| | | | | | | | $\mathbb{P}^{0}(\mathcal{O})$ | | ٤ |
| ()) - 1 | Signatura | La manhar | or authorize | d representat | ive of a mem | ner . | 77 | | 11 |

Filing Fee: \$25.00