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PICK-UP	WAIT MAIL
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Certified Copies	Certificates of Status
Special Instructions to Fi	iling Officer:
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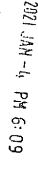
Office Use Only



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S. YOUNG



COVER LETTER

TO:

Registration Section

Division of Cor	porations				
Apex Mech	Pros LLC				
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:			
	Ophel Williams				
		Name of Person			
	Apex Mech Pros LLC				
		Firm/Company			
	3275 S John Young Parkw	ay STE 698			
Address					
	Kissimmee, FL 34746				
		City/State and Zip Code	 		
	info@apexmechpros.com				
	E-mail address: (to be used for future annual report notil	fication)		
For further information of	oncerning this matter, please c	all:			
Ophel Williams		407 205-9192 at ()			
Name o	f Person	Area Code Daytim	e Telephone 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 Address Registration S Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations 'allahassee e Street, Suite 810		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Apex Mech Pros LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records.	
The Articles of Organization for this Limited Liability Company		and assigned
Florida document number <u>L20000361927</u>		
Florida document number		
This amendment is submitted to amend the following:		P
A. If amending name, enter the new name of the limited liab	ility company here:	من المعادد
Apex Group of Companies LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3275 S John Young Parkway ST	TE 698
(Principal office address MUST BE A STREET ADDRESS)	Kissimmee, FL 34746	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter t</u>	he name of the new register
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
	Enter Florida street address	
	, Flo	
	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 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
			□ Add
			□Remove
			☐ Change
			□Add
			□Remove
			□ Change
			□Add
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reffectiv <u>te:</u> If th	e date is listed, ne date inserte	r than the dat the date must be s d in this block of the on the Depart	specific and cam does not meet	the applicable	ate of filing or mo statutory filing	re than 90 days requirements,	ptional) after filing.) Pursi this date will r	uant to 605,020', of be listed as
cord sp s filed.	ecifies a delay	ed effective dat	ie, but not an e	effective time,	at 12:01 a.m. o	n the earlier of	f: (b) The 90th	day after the
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