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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STAT

COVER LETTER

TO:

Registration Section Division of Corporations

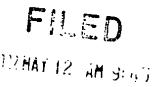
CHBIEZEL.	Ape Transp	ort, ELC		ı	·
SUBJECT:		Name of Lim	ited Liability Company		·
		Amendment and fee(s) are sub	_		
Please return	all correspo	ndence concerning this matter	to the following:		
		Desmond Jean-Jacques			
			Name of Person		
		.	Firm/Company		
		18241 Pine Nut Court			
			Address		
		Lehigh Acres, Florida 339	72		
		info@121apeservices.com	City/State and Zip Cod	le	
		E-mail address: (to be used for future annu-	al report notifica	tion)
For further i	nformation c	oncerning this matter, please co	all:		
DESMOND	JEAN-JAC	QUES	239 3 at () _	36-9184	
	Name o	f Person	Area Code	Daytime To	elephone Number
Enclosed is	a check for th	ne following amount:			
□ \$25.00 1	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee Certified Copy (additional copy is e		■ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Ma</u> Re	iling Addres gistration S	<u>s:</u> Section		Address: tration Section	on
Di	vision of C	orporations	Divisi	ion of Corpo	rations

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO

ARTICLES OF ORGANIZATION THAT 12 AM SENT



SECRETARY OF STATE TALLAHASSEE, FL

APE TRANSPORT, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on December 1, 2020 and assigned
Florida document number L20000375982	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	sility company here:
APE Services, LLC	
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:	10668 New East Bay Drive
(Principal office address MUST BE A STREET ADDRESS)	Suite 106
	Gibsonton, FL 33534-5028
Enter new mailing address, if applicable:	10668 New East Bay Drive
(Mailing address MAY BE A POST OFFICE BOX)	
many many expression of the Boy o	Gibsonton, FL 33534-5028
agent and/or the new registered office address here: 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 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 duties, and I am familiar with and provided for in Chapter 605, F.S. Or. if this document is
TECH .	nging 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
			□Remove
			□Change
			□Add
			□Remove
			☐Change
		 	□Add
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Phone Number: 866-	852-2783			
				
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tive date, if other than th (fective date is listed, the date m	ne date of filing: nust be specific and cannot be pri	or to date of filing or more	(optional) than 90 days after filing)	Pursuant to 605 02
: If the date inserted in this t	block does not meet the appl	icable statutory filing re	quirements, this date	will not be listed
ment's effective date on the l	Department of State's record	S.		
	ive date, but not an effective	time, at 12:01 a.m. on t	he earlier of: (b) The	90th day after the
filed				
May 8	2022			
d	· <u></u> .	·		
600				
ET,	Signature of a member or au			

Filing Fee: \$25.00