## h21000028186

(Requestor's Name)
(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:
(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status
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June 17, 2021

NICOLE L. AGAPAY 8287 S.W. 128TH ST. #202 PINECREST, FL 33156

SUBJECT: APEX DISCOVERY LLC

Ref. Number: L21000028186

We have received your document for APEX DISCOVERY 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.

Summer Chatham OPS

Letter Number: 021A00013600

## **COVER LETTER**

 $(x,y) = \frac{1}{1} (x,y) + \frac{1}{2} (x,y) + \frac{1}$ 

TO: Registration Section

Division of Co	rporations				
Apex Disc SUBJECT:	overy 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:			
	Nicole L Agapay			<b>~</b> ∵	(
		Name of Person		1021	
	Apex Discovery LLC			; <u>=</u>	*.
		Firm/Company		- 12	
	8287 sw 128th St. #202			A II: 2⊔	ゔ
	<u> </u>	Address		: 21	
	Pinecrest, FL 33156			E	
		City/State and Zip Code		-	
	apexdicoverylle@Gmail.com				
	E-mail address: (	to be used for future annual repor	t notification)		
For further information of	concerning this matter, please ca	all:			
NIcole Agapay		786 440-100 at ( )	00	201	
Name (	of Person		aytime Telephone Numbe	2021 JUL -	72 E C
Enclosed is a check for t	he following amount:			2	[]]
\$25.00 Filing Fee	<ul> <li>\$30.00 Filing Fee &amp; Certificate of Status</li> </ul>	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	. Certified	nte of Status &	VED
Mailing Addre Registration Division of C P.O. Box 632 Tallahassee.	Section Corporations 27	The Centre	n Section Corporations of Tallahassee onroe Street, Suite 8	310	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	ppears on our records.)  any)
The Articles of Organization for this Limited Liability Company were filed of Florida document number L21000028186	n January 12 2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	ny here:
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)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	
	2027
	<u> </u>
B. If amending the registered agent and/or registered office address on o agent and/or the new registered office address here:	our records, <u>enter the name of the new regi</u>
	≥ .1 
Name of New Registered Agent:	2
New Registered Office Address:	er Florida street address
сле	
City	, Florida Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

Apex Discovery LLC

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>	<u>Address</u>	Type of Action
MGR	Nicole L. Agapay	8287 SW 128th St. #202, Pinecrest FL 33156	\overline Add
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ote: If the date inser	er than the date of filing:  I, the date must be specific and cannot be prior to date of filing ted in this block does not meet the applicable statutor ate on the Department of State's records.	ng or more than 90 days after filing.) Fursuary filing requirements, this date will no	nt to 605.020 t be listed a
record specifies a dela is filed.	ayed effective date, but not an effective time, at 12:01	a.m. on the earlier of: (b) The 90th	day after the
yed tinn	28 2021		
neus <u>cociety (</u>			
neu- <u>- 2007[6_8</u>	Signature of a member or authorized represe		

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