

**L21000033850**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H240000115673)))



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To:

Division of Corporations  
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
AP DEVELOPMENTS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
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2024 JAN 10 AM 9:59  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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DEPARTMENT OF STATE

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Electronic Filing Menu

Corporate Filing Menu

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K. SALY

JAN 10 2024

(((H24000011567 3)))  
**ARTICLES OF AMENDMENT  
 TO  
 ARTICLES OF ORGANIZATION OF  
 AP DEVELOPMENTS LLC**

**FILED**  
 2024 JAN 10 PM 3:51  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

(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 01/15/2021 and assigned  
 Florida document number L21000033850.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company 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)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered 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 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**

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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>	<u>Type of Action</u>
AMBR	SBOROVSKY, PAULA	3201 NE 183RD ST, UNIT 307	<input type="checkbox"/> Add
		AVENTURA, FL 33160	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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JAN 10 2024  
FEB 10 2024

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated JANUARY 5TH 2024

Signature of a member or authorized representative of a member

ANAHÍ AMILVIA

Typed or printed name of signee

**Filing Fee: \$25.00**

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