L21000123707

(Req	uestor's Name)	.
(Add	ress)	
(Add	iress)	
(City	/State/Zip/Phone	e #)
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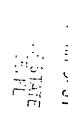


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JUH 0 - 2021





COVER LETTER

TO:

Name of Limited Liability Company
fee(s) are submitted for filing.
ng this matter to the following:
MANN
Name of Person
TRIC LLC
Firm/Company
MULLEN BOOTH RD SUITE B214
Address
TER, FL 33761
City/State and Zip Code
APO-ELECTRIC.COM -mail address: (to be used for future annual report notification)
atter, please call:
704 576-2439 at ()
Area Code Daytime Telephone Number
unt:
ing Fee & S55.00 Filing Fee & S60.00 Filing Fee, e of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Street Address: Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

APO ELECTRIC LLC		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited Liability Compan Florida document number L21000123707		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	pility Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u></u>
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
D. 16 and the state of the second control of	addrags on our vocards	ontor the name of the new regic
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records,	Section of the little control of the little
Name of New Registered Agent:		m
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 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
AMBR	BRUCE K ERNY	2520 N MCMULLEN BOOTH RD SUITE B214	≡ Add
		CLEARWATER, FL 33761	□Remove
			□Change
			□Add
			□Remove
			□Change
			🗇 Add
			Remove
			□Change
			🗆 Add
			□Remove
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			Change
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			Remove
			Change

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	05/20/2021
Effective date, if other than the	date of filing:(optional)
(If an effective date is listed, the date mus	st be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207
document's effective date on the De	ock does not meet the applicable statutory filing requirements, this date will not be listed as epartment of State's records.
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no report enseifier a delegad effective	es duta but not un afficitiva tima at 12(0) a m un the anglian of (b). The 00th day of a the
ord is filed.	re date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dutad MAY 20TH	2021
Dated	
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Typed or printed name of signee