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## **COVER LETTER**

то:	Registration Se Division of Cor				4. 
CUB IE		DATOR & AFFILIATES LLC		•	•
SUBJEC	~I;	Name of Lim	ited Liability Company		
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	eturn all correspo	ndence concerning this matter	to the following:		
		Dean Roberts			
			Name of Person		
		APEX PREDATOR & AF	FILIATES LLC		
			Firm/Company		<del></del>
		7831 Hardenton Street			
			Address		
		Windermere Fl. 34786			
		danas hada (Qumail aam	City/State and Zip Code		<del></del>
		deanroberts6@gmail.com E-mail address: (	to be used for future annual r	eport notification)	
For furth	ner information c	oncerning this matter, please ca	all:		
Dean Ro	oberts		407 432	-0353	
	Name of	f Person	Area Code	Daytime Telephon	e Number
Enclosed	d is a check for th	ne following amount:			
□ \$25.	00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	osed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration S		<u>Street Ad</u> Registra	dress: tion Section	

Registration Section
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 ORGANIZATIONS OF

2022 FEB -1 AM 6: 59

APEX PREDATOR & AFFILIATES LLC

(Name of the Limited Liability Company as it now appears on purfecords.): 127 3 1 1 4 (A Florida Limited Liability Company) TALL ARCSSE.

The Articles of Organization for this Limited L	iability Compan	y were filed on April 1,2021	and assigned
Florida document number <u>L21000152987</u>	·		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited lia	bility company here:	
N.A.			
The new name must be distinguishable and contain the	words "Limited Lial	oility Company," the designation "L	.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N.A	
(Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable:		N.A.	
(Mailing address MAY BE A POST OFFICE	BOX)		
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our records, <u>ent</u>	er the name of the new registered
Name of New Registered Agent:	N.A.		
New Registered Office Address:			
		Enter Florida street add	ress
			Florida
		City	Zip Code
New Registered Agent's Signature, if changing	Registered Agen	<u>t:</u>	
7.7			Continue arms to someth with the

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	VERNA MCKAIN	1117 OAKWATER DRIVE	■Add
		ROYAL PALM BEACH FL 33411	□Remove
			Change
		<u></u>	□Add
			□Remove
			□Change
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Dean Roberta  Signature of a member or authorized representative of a member		es a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dean Roberta Signature of a member or authorized representative of a member	ated Jane	24, 2022
Signature of a member or authorized representative of a member	z	Pean Roberta
		Signature of a member or authorized representative of a member
DEAN ROBERTS		L M P O D C D T C
Typed or printed name of signee		

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Filing Fee: \$25.00