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(Requestor's Name)	
. (Address)	_
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAI	L
(Business Entity Name)	-
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer	
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LUGDAE	
J. HORNE	
J. HORNE MAY 1 6 2024	
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FILED RECEIVED 2024 MAY 15 PM 2: 02

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 05/15/2024

NAME: 1891 SOUTH MILITARY TRAIL, LLC

TYPE OF FILING: AMENDMENT

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARTICLES OF O	RGANIZATION	i	<i>t</i> ~
OI	7	2024 K	17 15 AM 10:45
1891 South Military Trail, LLC		1.	15 4410
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on ou ability Company)	r records.)	10:45
ne Articles of Organization for this Limited Liability Company v	were filed on	04/09/2021	_ and assigned
orida document number <u>L21000166158</u>			
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited liabil	lity company here:		
American Printing Consultants, LLC			
he new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designati	on "LLC" or the abbro	eviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			
inter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
			
3. If amending the registered agent and/or registered office a	ddress on our records	s, enter the name	<u>of the new register</u>
gent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida stre	eet address	
		Florida	
	City	I IVI IUA	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>	Name	Address	Type of Action
			🗆 Add
			□Remove
			Change
			□Add
			□ Remove
			□Add
			□Remove
			Change
			□Add
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			_ Change

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F.66 44	district the selection of the contract of the
Note: II	date, if other than the date of filing:
e record sprd is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	May 14
	Adam Rossman Signature of a member or authorized representative of a member
	Signature of a member of authorized representative of a member
	Adam Rossman, Authorized Representative
	Typed or printed name of signee