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COVER LETTER

	ision of Corpo						
S11 D 1E7°E.	AP SIGNALS	SLLC					
SUBJECT:	Name of Limited Liability Company						
The enclosed	l Articles of A	mendment and fee(s) are sub-	mitted for filing.				
Please returi	all correspond	lence concerning this matter	to the following:				
		ANDRES HERNANDEZ					
			Name of Person				
			Firm/Company				
8050 DE HAVEN ST							
Address							
		ORLANDO FL. 32832					
		ANDRESHP12142000個G	City/State and Zip Code MAIL.COM				
		E-mail address: (to be used for future annual repo	rt notification)			
For further i	nformation cor	neerning this matter, please ca	aD:				
ANDRES HERNANDEZ			407 520229	99			
Name of Person			Area Code E	Paytime Telephone Number			
Enclosed is	a check for the	following amount:					
□ \$25.00	Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee. Certificate of Status & Certified Copy radditional copy is enclosed)			
	illing Address: gistration Se		<u>Street Addre</u> Registratio				
Di	vision of Co	rporations	Division o	Division of Corporations			
P.O. Box 6327			The Centre of Tallahassee				

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2021 KOY 29 PH 12: 38

AP SIGNALS LEC

(Name of the Limited Liability Company as it now appears on our records.) 173. (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on $\frac{06/02/2021}{1}$ and assigned Florida document number 1.21000255790 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: AP ESTATES LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 8050 DE HAVEN ST ORLANDO, FL 32832 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 8050 DE HAVEN ST ORLANDO, FL 32832 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: ANDRES HERNANDEZ Name of New Registered Agent: 8050 DE HAVEN ST New Registered Office Address: Enter Florida street address , Florida 32832 Zip Code ORLANDO 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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JURADO, MARLON	8050 DE HAVEN ST.ORLANDO, FL 32832	□Add
			=Remove
		<u></u>	□Change
			□Add
			□Remove
			□Change
			□Add
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ective.	date, if other	than the date of filing:		(option	nal)
<u>ite:</u> If	the date inserted		et the applicable sta	of filing or more than 90 days after fi atutory filing requirements, this o	
ecord s s filed		ed effective date, but not ar	effective time, at	12:01 a.m. on the earlier of: (b)	The 90th day after the
ted	/23/2021	· .			
		162	/		
		/ V 1/54			
		Signature of a me	mber or authorized re	presentative of a member	
	ANDRES HE		mber or authorized re	presentative of a member	

Filing Fee: \$25.00