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05/10/24--01/02--010 - **25,07

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: American Potes Name of Limite	signal Estimates LLC d Liability Company
The enclosed Articles of Amendment and fee(s) are submi	tted for filing.
Please return all correspondence concerning this matter to	the following:
Leona	rd Perez
American	Professional Estimates, UC
150 E. Rob	Jinson St Unit 231 Address
Orlando Exterior Mo	City/State and Zip Code surference Pres @ gmail, com be used for future annual report notification)
For further information concerning this matter, please call	•
Leonard Perez Name of Person	at (407) SON-OOO Daytime Telephone Number
Enclosed is a check for the following amount: \$25.00 Filing Fee \$\text{Certificate of Status}\$	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee

Tallahassec, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Liability Company as it now appears on Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on Florida document number 41000273002 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability compan The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation 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

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, enter the title, name, and address of each person being added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

Title	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
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(If an effe <u>Note:</u>	ve date, if other than the date of filing:
the record	I 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 ed
Dated	May 10 2624.
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00

To Document Numbers

Statement of Fect

I State hear and Perez

In releasing those two numbers

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Too Document Number L21000273002

5-10-24