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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MORAN KIDD LYONS JOHNSON, P.A.

Account Number : 120000000003 Phone : (407)841-4141

Fax Number : (407)841-4148

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ΑP	MUI	HER	RY.	LLC	

(Name of the Lis	nited Liability Comp (A Florida Limited	any as it now appears on our record Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Florida document number L21000274998	Liability Company	were filed on 06/11/2021	and assigned
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liai	pility company here:	
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:		
(Principal office address MUST BE A STREET ADDRESS)		2617 CARTER GROVE CIRCL	LE
		WINDERMERE, FL 34786	
Enter new mailing address, if applicable: "Mailing address MAY BE A POST OFFICE	<u> </u>	2617 CARTER GROVE CIRCL	_E
		WINDERMERE, FL 34786	
B. If amending the registered agent and/or agent and/or the new registered office addr	registered office :	address on our records, <u>enter t</u>	he name of the new register
Name of New Registered Agent:	PHILIPPE VIL	LAIN	Ž
New Registered Office Address:	2617 CARTER	GROVE CIRCLE	711
		Enter Florida street address	· PP D
	WINDERMER	E, Flor	Ida 34786. —
		City	- Zio Colle

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

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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
MGR	KEVIN J. O'DONNELL	91 OAKLEIGH LANE	□ Add
		MAITLAND, FL 3275!	■Remove
			□Change
-			🗀 A dd
			Пелюve
			□ Change
			
			□Remove
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(If an effective Note: If	tive date, if other than the date of filing:
ne record ord is filed	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 d.
Dated _	December 30 Zu22
	Signature of a money of suppresentative of a incinter
	PHILIPPE VILLAIN

Filing Fee: \$25.00 (((H23000023918 3)))