## 121000279580

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T. MATTHEWS NOV -9 2021

## **COVER LETTER**

TO:	Registration So Division of Cor			
SUBJEC	AP Investr	nent Partners LLC		
SCHAR	- 1;	Name of Lin	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	etum all correspo	ondence concerning this matter	to the following:	
		Pratik Dangi		
			Name of Person	
			Firm*Company	
		5602 Truman PI		
			Address	
		Fremont, CA 94538		
		apinvestmentpartners@gma	City/State and Zip Code	
			to be used for future annual report no	otification)
For furth	er information c	oncerning this matter, please c	all:	
Pratik Dangi		510 514-3738		
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed	l is a check for th	he following amount:		
<b>■</b> \$25.	00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration 9		Street Address: Registration S	ection
	Division of C		Division of Co	

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 ORGANIZATION OF 21 EGG = 1 PM 3: 14

AP Investment Partners LLC		
( <u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number 1.21000279580	• •	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lin</u>	nited liability company here:	
The new name must be distinguishable and contain the words "Lu	nuted Liability Company." the designation "LLC" o	r the abbreviation "1, L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
	<del></del>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		e name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	
**************************************	City	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 21 KW - 1 PM 3: 14

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Pratik Dangi	5602 Truman Pl	[J]Add
		Fremont, CA 94538	■Remove
			Change
MGR	2021 Dangi-Bhalani Revocable Family Toust	5602 Truman Pl	<b>Z</b> Add
	Kerocable family Toust	Fremont, CA 94538	LJRemove
			[]Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			[]Remove
			UChange
·			□Add
		<del></del>	□Remove
			□ □ Change

Change partnership owner from		Vangi-Bhaian Revocabera	概以 - 10stP目 3: 14
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<del></del>			
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			·
	10/26/20:	71	
ective date, if other than the d	ate of filing:		(optional) n 90 days after filing.) Pursuant to 605,020°
			n 90 days after filing.) Pursuant to 605,020 irements, this date will not be listed as
cument's effective date on the Dep			
ecord specifies a delayed effective is filed.	date, but not an effective	time, at 12:01 a.m. on the	earlier of: (b) The 90th day after the
October 26 ted	2021		
		·	
	(\/nd		
	iunature of a momba for ac	thorized representative of a m	umor

Filing Fee: \$25.00

Typed or printed name of signee