

L21000309755

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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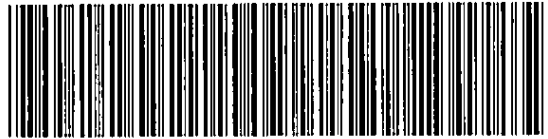
(Business Entity Name)

(Document Number)

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STATE
TE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Apex Media Solutions LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Daniel Welling

Name of Person

Apex Media Solutions LLC

Firm/Company

2945 SE Gran Park Way

Address

Stuart FL 34997

City/State and Zip Code

apexmediasolutionsllc@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniel Welling

410

4743533

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 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
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Apex Media Solutions LLC

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

The Articles of Organization for this Limited Liability Company were filed on 07/07/2021 and assigned
Florida document number L21000309755.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2947 SE Gran Park Way

Stuart FL 34997

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2947 SE Gran Park Way

Stuart FL 34997

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:

2947 SE Gran Park Way

Enter Florida street address

Stuart

City

, Florida 34997

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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Daniel Welling	2947 SE Gran Park Way	<input type="checkbox"/> Add
		Stuart FL 34997	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Daniel Grdadolnik	2947 SE Gran Park Way	<input checked="" type="checkbox"/> Add
		Stuart FL 34997	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Imad Urrutia	2947 SE Gran Park Way	<input type="checkbox"/> Add
		Stuart FL 34997	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Jose Esquivel	2947 SE Gran Park Way	<input type="checkbox"/> Add
		Stuart FL 34997	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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STATE OF FL
Add
Remove
Change

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 3/28/2023, _____

IMAD URRUTIA

Typed or printed name of signee

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SOUTHERN
STATE
FL