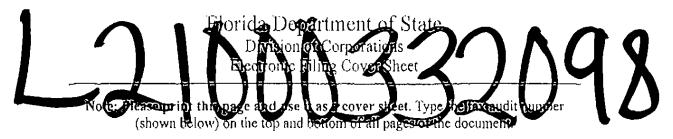
Division of Corporations



(((H240002834183)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name ; PETERSON & MYERS PA

Account Number ; I20080000078

; (363)683-6511

Phone

Fax Number

: (863)688-8099

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

Email Address: AWalls@petersonmyers.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN APOTHIC FOX, LLC

Certificate of Status	0
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M. SOLOMON

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Docusign Envelope ID: EDC58D58-491D-474C-A9A6-4F171C319709 CUVER LETTER

(((H24000283418 3)))

TO: Registration	n Section Corporations			
APOTI	IIC FOX, LLC			
EUDJEOTI		nited Liability Company		
	s of Amendment and fee(s) are sul	•		
	AMANDA L. WALLS, E	SQ		
		Name of Person		
	PETERSON & MYERS,	P.A.		
		Firm/Company		
	225 EAST LEMON STRE	BET, SUITE 300		202
		Address		100 A
	lakeland, florida	33801		2024 AUG 23 Segretary All ahassi
	awalls@petersonmyers.co:	City/State and Zip Code		F
	•	(to be used for future annual report noti-	fication)	2: 43 STATE LORID,
For further information	on concerning this matter, please of	eall:		5 5 5
AMANDA L. WALI	LS, ESQ	863 683-6511 at ()		
Nu	ne of Person		e Telephone Number	_
Enclosed is a check f	or the following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Sectificate of Sectificate Copy (additional copy in	Status & /
<u>Mailine Adı</u>	ires;	Street Address:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

Docusign Envelope ID: EDC58D58-4910-474C-A9A8-4F171C318709

ANOTHER PARTITION

ARTICLES OF AMENDMENT TO

(((H24000283418 3)))

ARTICLES OF ORGANIZATION OF

(Name of the Limite	d Linbility Company as it now ap A Florida Limited Liability Compa	ncors on our records.)	
The Articles of Organization for this Limited Li Florida document number L210000332098	ability Company were filed on	07/21/2021 and assign	ed
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liability compan	y here:	
The new name must be distinguishable and contain the wi	ords "Limited Liebility Company," (the designation "LLC" or the aboreviation "L.L.C	
Enter new principal offices address, if applica	ible:	71% 	2024 JAUG
(Principal office address MUST BE A STREE	T ADDRESS)		<u>_</u>
	· · · · · · · · · · · · · · · · · · ·	155 75 77	_23
·		i iii iii o iii o	PH
Enter new mailing address, if applicable: (Malling address MAY BE A POST OFFICE BOX)			<i>ج</i> ــــــــــــــــــــــــــــــــــــ
		고	<u></u>
		The second section of the sect	
B. If amending the registered agent and/or reagent and/or the new registered office addres		or records, <u>enter the name of the new r</u>	egistered
Name of New Registered Agent:	AMANDA L. WALLS, ESQ.		
New Registered Office Address:	New Registered Office Address; 225 EAST LEMON STREET, SUITE 300		
	Enter	Florida street address	
	LAKELAND	, Florida <u>33801</u>	
	City	Zip Cocle	

Thereby 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.

~~ ·~~	
America L. Wille	
If Changing Registered Agent, Signatu	us of Many Doubletoned Amount
it Changing Registered Agent, Signatu	Le of Man redigitation When

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TILED

Docusign Envelope ID: EDC58D58-4910-474C-A9A6-4F171C319709
11 amenoning Authorized rerson(s) authorized to insurage, 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
AMBR	COREY HERSHA	3009 STANHOPE AVENUE	□Add
		LAKELAND, PLORIDA 33803	≅Remove
			Change
MGR	DANAE HERSHA	3009 STANHOPE AVENUE	□Add
		LAKELAND, FLORIDA 33803	QRemov e
			Echinige 202
~			2024 AUG 23 PM 2: 43 MELNIC WAY OF STATES EN LORIGE
			□Add
			□Remove
			Change
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			☐ Change
			□Adċ
			□Remove
			☐ Change
		(((H2	4000283418 3)))

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
		
		29
	<u>- デザ</u> サウ ンデス	024 AI
	AHASSE	2024 AUG 23
	OF STATE	PM 2: 43
	~==	ω
Effective date, if other than the date of filing:	rsuant to 605.0. I not be listed	207 (3)(b) as the
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90 scord is filed.)th day after t	he
Dated		
Signature of a member or authorized representative of a member		
Signature of a member or authorized representative of a member		
Mgr Typed or printed name of signee		