121000376286

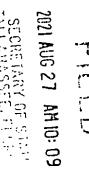
(Requ	uestor's Name)	
(Addr	ress)	
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(City/	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nar	ne)
(Doct	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	
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Office Use Only



08/27/21--01007--006 **25.00

09/09/2021/4



COVER LETTER

TO: Registration Division of C			
SUBJECT:	APEEJ	·	
	Name of Lim	iited Liability Company	
The enclosed Articles	of Amendment and fec(s) are sub	omitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
	April	A Johnson Name of Person	
	Af	PEET LLC Firm/Company	<u></u>
	2323	Scott Street	
	Holly wa	OJ FL, 330 City/State and Zip Code	20
	Gpee 799 E-mail address: (5 a Yahoo- am to be used for future annual report notif	ication)
For further information	n concerning this matter, please co	all:	
April 6	1. Johnson e of Person	at (732) 209- Area Code Daytime	2519 e Telephone Number
Enclosed is a check fo	r the following amount:		
团 \$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 Addi Registration Division of P.O. Box 6. Tallahassee	Section Corporations 327	Street Address: Registration Sec Division of Corp The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee Street, Suite 810

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

FILED

2021 AUG 27 AM 10: 09 I Liability Company as it now appears on our records.) The Articles of Organization for this Limited Liability Company were filed on 100037628 Florida document number 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) 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 Cirv

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>	Address	Type of Action
MGR	April A. Sohnson	2323 Scott St, Hollywood FL 33020.	🗖 Ādd
			□Remove
			□Change
MBR	Andre Gardiner	2323 Scott st, Hollywood 33020	FL CARDO
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
<u>_</u>			□Add
			□Remove
			Change

	
	
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(If an effective Note: If the	ate, if other than the date of filing:
the record spe ford is filed.	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	08/24 2021
_	Signature of a member or authorized representative of a member
	April Ainee Johnson
-	Typed or printed name of signee

Filing Fee: \$25.00