

L21000371063911

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H210003371063)))



H210003371063ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : ASMA & ASMA, P.A.
Account Number : I20060000067
Phone : (407)656-5750
Fax Number : (407)656-0486

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

Email Address: NICK.ASMA@ASMAPA.COM

2021 SEP 10 PM 4:53
FALL ARLASSER, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
APOPKA VINELAND ROAD PROPERTY LLC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$25.00 |

2021 SEP 10 PM 4:53

FALL ARLASSER, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

BB
9/13/1

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

APOKA VINELAND ROAD PROPERTY 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 9/02/2021 and assigned
Florida document number L21000392911.

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)

2021 SEP 10 PM
FILED
CLERK OF CIRCUIT COURT
JACKSONVILLE, FLORIDA

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

_____, Florida _____
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 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 or removed from our records:

MGR = Manager

AMBR = Authorized Member

[illegible]

10/20/2010 10:00 AM

2021 SEP 10 PM 3:59

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3):

Dated 9/10, 2021

Signature of a member or authorized representative of a member:

C. Nick Kutt
Typed or printed name of signee

Filing Fee: \$25.00