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COVER LETTER

Company Name Change					
SUBJECT: Name of Limited Liability Company					
The enclosed Articles of Amendment and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Ricardo Aparício					
Name of Person					
Aparicio Planning Associates, LLC					
Firm/Company					
1081 Inverness Drive					
Address					
St. Augustine, Florida 32092					
City/State and Zip Code					
ricardoapariciolaw@gmail.com	_				
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Ricardo Aparicio 205 790-3721					
Name of Person at () Area Code Daytime Telephone Num	ber				
Enclosed is a check for the following amount:					
Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certificate of Status	Filing Fee, icate of Status & ied Copy mal copy is enclosed)				
Mailing Address: Registration Section Street Address: Registration Section					
Division of Corporations Division of Corporations					
P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite	× 810				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Aparicio Planning Associates, LLC		
(<u>Name of the Limited Liability</u> (A Florida	Y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on September 13, 2021	and assigned
Florida document number L21000405943	<u></u>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
Aparicio Premier Advisors, LLC		
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		20
•	PGC)	2003
Principal office address MUST BE A STREET ADDRI	<u> </u>	· · · · · · · · · · · · · · · · · · ·
		<u></u>
		-
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 nai	me of the new regis
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<u></u>
	, Florida	Zin Code
	C(1)	rap Cour

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			□Add
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n ofl <u>te:</u>	ive date, if other than the date of filing:
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
led	
	Signature of a member or authorized representative of a member
	Ricargio Aparicio