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COVER LETTER

TO: Registration Se Division of Cor			
CURIECT.	mex Hand Me	anagement	
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Unrist	Dipher Arring 10 Name of Person	\wedge
	Apex	Fund Manage	ment
		105.SW Syd COULA	
		Address	-
		enten. 4.32693	
	E-mail address: (1	City/State and Zip Code AND NOW OR LIMENT, to be used for future annual report notif	110 pamail com
For further information of	oncerning this matter, please ca	all:	
burgunde Name o	AWING TWN Person	at (35) 2217 Area Code Daytime	1573 c Telephone Number
Enclosed is a check for the	he 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

ARTICLE AMENDME: T TO ARTICLES OF ORGANIZATION OF

Amer hand war	ragiment the
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company w Florida document number <u> </u>	vere filed on9-)3-2021 and assigned
If amending name, enter the new name of the limited liability company here: If amending name, enter the new name of the limited liability company here:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The state of the s	v Company "the designation "LLC" or the abbreviation "L.L.C."
	27055W3R1 COUA
(Principal office address MUST BE A STREET ADDRESS)	TY. 1 Min. 11 32693 5 5
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	- N
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent: New Registered Office Address: 7	SW 3d Call Treath II Emer Florida street address LUTY Florida 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(a) 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>	Name	Address	Type of Action
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Tective date, if other than the date in effective date is listed, the date must be ote: If the date inserted in this bloc ocument's effective date on the Department.	e specific and canno k does not meet th	it he prior to date one applicable state	r ming or more ma	(optional) n 90 days after filing frements, this date	;,) Pursuant	to 605.020 be listed a
record specifies a delayed effective of is filed.						y after the
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Λ		Ann -				
<u>b</u>	ignature of a mem	er or authorized re	presentative of a n	ember		