LZ1000475395

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, , ,	
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SECRETARY OF STATE
TALLAHASSEE, FL

2022 AUG 29 AMII: 58

COVER LETTER

TO:

Registration Section

Division of Cor	rporations	_		_
Apex Stone SUBJECT:	Solutions LLC		, g. ,	
SUBJECT:	Name of Lin	ited Liability Company		 ·
	Amendment and fee(s) are sub	-		
Please return all correspo	ondence concerning this matter	to the following:		
	William Diaz			
		Name of Person		 _
	Apex Stone Solutions LLC	· 		
		Firm/Company		
	7763 Granada Blvd			
		Address		
	Miramar, FL 33023			
	apexstone2021@gmail.com	City/State and Zip Code		
		to be used for future annual report no	tification)	
For further information of	concerning this matter, please c	all:		
William Diaz		954 579-8594 at ()		
Name o	of Person	Area Code Daytii	me Telephone N	umber
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Cer Cer	.00 Filing Fee, rtificate of Status & rtified Copy fitional copy is enclosed)
Mailing Addres		Street Address:		
Registration Division of C		Registration S Division of Co		
P.O. Box 632	27	The Centre of	Tallahassee	010
Tallahassee,	rl 32314	2415 N. Monre	oe street, Su	ate 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Apex Stone Solutions LLC			
(Name of the Limited (A	Liability Company as it now appe Florida Limited Liability Company)	ars on our records.)	
The Articles of Organization for this Limited Liab	ility Company were filed on _	8/12/2022	and assigned
Florida document numberL21000475395	·		
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of th	ne limited liability company l	nere:	
The new name must be distinguishable and contain the word	ls "Limited Liability Company," the	designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:		<u> </u>
(Principal office address MUST BE A STREET)	ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u></u>		
B. If amending the registered agent and/or regi		records, enter the i	SE REPRESENTATION OF THE PROPERTY OF THE PROPE
			29
Name of New Registered Agent:			SSEE. S
New Registered Office Address:		orida street address	E. F. S. 1: 58
	imer i e		M
		Florida	Zin 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 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>	<u>Address</u>	Type of Action
MGR	Lazaro Cutino Delgado	7763 Granada Blvd	= Add
		Miramar. Fl. 33023	□Remove
			□Change
MGR	Kathelen Beltre	6778 Sienna club drive	
		Lauderhill, fl 33319	≣Remove
			□Change
		_	□Add
			□Remove
			□Change
			□Remove
			□Change
		_	□Add
			□Remove
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			□Remove
			☐Change

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Note: If the date	listed, the date must inserted in this blo ive date on the De	ock does not m	neet the applica	to date of filing or nable statutory filin	nore than 90 days ang requirements.	ptional) ther filing.) Pursuant to this date will not be	605.0207 (3 listed as th
the record specifies cord is filed.	a delayed effective	date, but not	an effective tii	ne, at 12:01 a,m.	on the earlier of	: (b) The 90th day	after the
		,	2022				
Dated August 1	2 (),	1 /					
August 1	OSIN			rized representative			

Typed or printed name of signee