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COVER LETTER

Division of Co			
APERION	SERVICES, LLC.		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
	JANET M. GRAHAM		
	,	Name of Person	
	APERION SERVICES, LI	LC.	
	*819.***********************************	Firm/Company	
	1409 SUMMERGATE DR	RIVE	
	•	Address	
	VALRICO, FL 33494		
		City/State and Zip Code	
	APEIRONSERVICESLLC	=	· · · · · · · · · · · · · · · · · · ·
		to be used for future annual report notific	ation)
For further information of	concerning this matter, please co	all:	
JANET M. GRAHAM		813 203-3537 at ()	
Name o	of Person	Area Code Daytime T	Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address: Registration Secti	ion

Division of Corporations

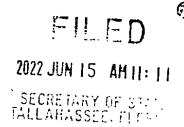
Tallahassee, FL 32314

P.O. Box 6327

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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



APERION SERVICES, LLC.			
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears d Liability Company)	on our records.)	Addition at 1975
The Articles of Organization for this Limited Liability Compar Florida document number <u>L21000519829</u> .	ny were filed on	12-09-21	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia Apeiron Service The new name must be distinguishable and contain the words "Limited Lia	-		uion "I I C"
Enter new principal offices address, if applicable:	omly company, me des	guardi BEC of the ability	nion E.E.C.
(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 agent and/or the new registered office address here: Name of New Registered Agent:	e address on our rec	ords, <u>enter the name of</u> (he new register
None Book and Office Address.			
New Registered Office Address:	Enter Florid	a street address	
		, Florida	
	Ciţv	Zi	o Code
New Registered Agent's Signature, if changing Registered Agen	<u>it:</u>		
I hereby accept the appointment as registered agent and agorovisions of all statutes relative to the proper and comple	-		
provisions of an statutes retaitive to the proper and comple accept the obligations of my position as registered agent a			

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>	Name	Address	Type of Action
			□Add
			□Remove
		www.m.z.	□Change
			□Remove
			□Change
	- Add to a state of the state o		□Add
			□Remove
			□Change
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ffective date, if other than t an effective date is listed, the date is Note: If the date inserted in this locument's effective date on the	iust be speci block does	fic and can not meet	the applica			ın 90 days aft		
ocument serietive date on the	Берание	n or state	s records.					
record specifies a delayed effect is filed.	ive date, b	ut not an e	effective tin	ne, at 12:01	a.m. on the	earlier of:	(b) The 90	th day after th
JUNE 09	_		022	•				
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