## 121000526766

(Re	questor's Name)	
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Certified Copies	_ Certificates	of Status
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Special Instructions to	Filing Officer:	
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2022 JUN 28 AM 10: 55
SECRETARY OF SIGNAL AHASSEE, FL

## **COVER LETTER**

Division of Corporations
SUBJECT: Apex + 1+1e Services of Florida, ILC  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:
DETEK SUNDERIAND Name of Person
Apex + 17/e Services
13848 Tiwen RD 148 Address
Winver acurden Fl 34787  City/State and Zip Code
DETEK OFFEXTITIESERVICES FLOTIOQ. CON E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Derek Sunderland at (40) 908 1440  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  S60.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address:  Registration Section  Street Address:  Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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**

FILED

2022 JUN 28 AM 10: 55

APEX TITLE SERVICES OF FLORIDA LLC

(Name of the Limited Liability Company as it now appears on our received). AHASSEE. FI

				· ••
The Articles of Organization for this Limited I Florida document number L21000526766	Liability Company	were filed on Decer	mber 14 2021	and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited liab	ility company here	:	
The new name must be distinguishable and contain the	words "Limited Liabil	lity Company," the desig	gnation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if appli				
(Principal office address MUST BE A STREE				
Enter new mailing address, if applicable:		13848 TILDEN RI	)	
(Mailing address MAY BE A POST OFFICE	<u>ΒΟΧ)</u>	SUITE 148		
		WINTER GARDEI	N FL 34787	
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office a ss here:	ddress on our reco	rds, <u>enter the nan</u>	ne of the new registered
Name of New Registered Agent:				
New Registered Office Address:	13848 TILDEN			
		Enser Florida s	street address	
	WINDERMERF		Florida <u>34</u>	787
		City		Zip Code
New Registered Agent's Signature, if changing I	Registered Agent:			

## N

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
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Filing Fee: \$25.00