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Certified Copies	Certificates of Status
Special Instructions to	Filing Officer;
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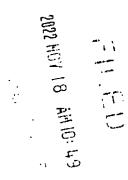
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LLC Amena

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A. RAMSEY NOV 18 2022



COVER LETTER

TO:

	ration Section on of Corporations	
SUBJECT: _	Apax Services LLC.	
.човятк.т	A Pex Services LLC. Name of Limited Liability Company	
The enclosed /	rticles of Amendment and fee(s) are submitted for filing.	
Please return a	correspondence concerning this matter to the following:	
	Authory Pedroso Name of Person	
	Lirm Company	
	610 Robert Ave	
	Lehigh Acres PC 33936 City State and /ip Code	
	F-mail address: (to be used for future annual report notification)	
For further info	rmation concerning this matter, please call:	
Autho	Name of Person at (239) 888: 72226 Area Code Daytime Telephone Number	
Enclosed is a c	neck for the following amount:	
□ \$25.00 Fil	Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified C	of Status &
Regi: Divis P.O.	g Address: tration Section ion of Corporations Box 6327 massee, FL 32314 Experimental Street Address: 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

FILEU

APex Dervices (Name of the Limited Liability Comp	2022 NOV 18 AM 10: 49
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L22</u>	were filed on $O(26)22$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	bility company here:
The new name must be distinguishable and contain the words "Limited I iab	thry Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	610 Robert Ave LehiGH Acres FC 33936
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Lahigh Acres PC 33936
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent: New Registered Office Address: Lewig	Nony Pedroso Obert Ale Liner Florida street address A Eres Florida 33936 City 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(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
AMBR:	Anthony Pedioso	Colo Robert Aue	X\dd
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		Signature of a	member or a	nthorized repr	esentative of a	member		
		.		ſ	Signee			