

W220000159196

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

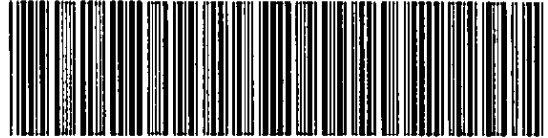
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2022 AUG -4 PM 4:03

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COVER LETTER

TO: **Registration Section
Division of Corporations**

APOCALYPSE CONSTRUCTION LLC

SUBJECT: _____
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:

JUAN CAMILO LOPEZ HERNANDEZ

Name of Person
APOCALYPSE CONSTRUCTION LLC

Firm/Company
633 BITTERN CT

Address
KISSIMMEE, FL 34759

City/State and Zip Code
CAMILO271203@GMAIL.COM

E-mail address: (to be used for future annual report notification)

2022 AUG -4 PM 4:03
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

JUAN CAMILO LOPEZ HERNANDEZ 239 692-5005

Name of Person at () _____
Area Code Daytime Telephone Number

Enclosed is a check for the 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

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

APOCALYPSE CONSTRUCTION LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on APRIL 4, 2022 and assigned
Florida document number L22000159196.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(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 address on our records, enter the name of the new registered agent and/or the new registered office address here:

<u>Name of New Registered Agent:</u>	JUAN CAMILO LOPEZ HERNANDEZ
<u>New Registered Office Address:</u>	633 BITTERN CT
	<i>Enter Florida street address</i>
	KISSIMMEE, Florida 34759
	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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JUAN CAMILO LOPEZ HERNANDEZ	633 BITTERN CT KISSIMMEE, FL 34759	☒ Add
_____	_____	_____	☐ Remove
_____	_____	_____	☐ Change
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	☐ Change
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_____	_____	_____	☐ Remove
_____	_____	_____	☐ Change

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TALLAHASSEE FL 09137

FILED

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
REGISTERED AGENT & AUTHORIZED PERSON TO MANAGE IS TO REFLECT JUAN CAMILO LOPEZ HERNANDEZ

INSTEAD OF JUAN C LOPEZ.

2022 JUL 21 4:03 PM
TALLAHASSEE FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

JULY 21 2022
Dated _____

Juan C Lopez
Signature of a member or authorized representative of a member

JUAN CAMILO LOPEZ HERNANDEZ

Typed or printed name of signee

Filing Fee: \$25.00