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COVER LETTER

Registration Section Division of Corporations AMERICAN PROPERTIES & MANAGMENT GROUP 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 PABLO OSORIO Name of Person AMERICAN PROPERTIES & MANAGMENT GROUP LLC Firm/Company 7065 Westpointe Blvd. suite 310 Address Orlando, Fl 32835 City/State and Zip Code info@acsaccounting.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Alejandra Lopez Name of Person Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)

Mailing Address:

TO:

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

FILED

2022 JUN 14 PM 12: 20

AMERICAN PROPERTIES & MANAGMENT GROUP LLC

The Articles of Organization for this Limited Liability Company	were filed on <u>04/05/2022</u>	and assigned		
Florida document number L22000164100				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
AMERICAN PROPERTIES & MANAGEMENT GROUP LLC				
The new name must be distinguishable and contain the words "Limited Liabi	lity 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 a	address on our records, enter th	he name of the new registered		
agent and/or the new registered office address here:	address on our records, enter n	ue name of the new registered		
Name of New Registered Agent:				
New Registered Office Address:				
New Registered Office Address.	Enter Florida street address			
	Florida			
	City	Zip Code		
Naw Dagistanud Apant's Signatura if shanning Dagistanud Agants				

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

Title	<u>Name</u>	<u>Address</u>	Type of Action
	Adrian Olivera		□Add
			□Remove
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to: AMERIC	AN PROPERTIES & M	AANAGEMEN'	GROUP LLC				
			. <u> </u>	-			
Please correc	et the name of one of th	e company mana	agers from Adri	an Oliveira, to: A	drian Olivera		_
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an effective date is ote: If the date i	other than the date of listed, the date must be spenserted in this block do- ve date on the Departm	cific and cannot be es not meet the a	ipplicable statut			g.) Pursuant to 6	
record specifies a is filed.	delayed effective date.	but not an effect	tive time, at 12:0	31 a.m. on the car	rlier of: (b) T	he 90th day af	lter t
ned	June 10th	2022					
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Filing Fee: \$25.00