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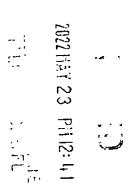
(Requestor's Name)	
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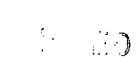
то:	Registration Se Division of Cor			
SUBJE	APFS LLC			·
SOBJE	C1	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
		JAMSHED HOLMURAD	ov	
		<del>-</del>	Name of Person	
		<del></del>	Firm/Company	<del> </del>
		1860 SW FOUNTAINVIE	W BLVD SUITE 100	
			Address	
		PORT SAINT LUCIE 349	86	
			City/State and Zip Code	
	•	INFO@APFSFUNDS.COM	to be used for future annual report not	ification)
For furtl	ner information c	oncerning this matter, please ca	•	,
JAMSH	ED HOLMURA	DOV	614 710-7777	
	Name o	f Person	Arca Code Daytin	ne Telephone Number
Enclosed	d is a check for th	ne following amount:		
<b>■ \$2</b> 5	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration S Division of C	Section	<u>Street Address:</u> Registration Se Division of Co	

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**



2022 HAY 23 PH 12: 41

Arralle					,.
( <u>Name of the Limit</u>	ed Liability Compa (A Florida Limited I	ny as it now appears on c liability Company)	our records.)	Y. J.	EFL
The Articles of Organization for this Limited Li Florida document number L22000202470	ability Company	were filed on 04/28/20	022	and as	signed
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name of	the limited liab	ility company here:			
The new name must be distinguishable and contain the w	ords "Limited Liabil	lity Company," the design:	ation "LLC" or the	abbreviation "I	L.C."
Enter new principal offices address, if applic	able:	1860 SW FOUNTAI	NVIEW BLVD		
(Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:		SUITE 100			
		PORT SAINT LUCIE 34986			
		1860 SW FOUNTAI	NVIEW BLVD		
(Mailing address MAY BE A POST OFFICE	BOX)	SUITE 100			
		PORT SAINT LUCIE 34986			
B. If amending the registered agent and/or ragent and/or the new registered office address		address on our record	ds, <u>enter the na</u>	ame of the ne	w registered
Name of New Registered Agent:	JAMSHED HO	LMURADOV			
New Registered Office Address:	1860 SW FOU	NTAINVIEW BLVD SI	UITE 100		
		Enter Florida st	reet address		
	PORT SAINT I	LUCIE	Florida	34986	
		City		Zip Code	
New Registered Agent's Signature, if changing I	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 lighted 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>	Type of Action
MGR	GULMIRA JURAEVA	1860 SW FOUNTAINVIEW BLVD	□Add
		SUITE 100C12	≣Remove
		PORT SAINT LUCIE, FL 34986	□ Change
MGR	JAMSHED HOLMURADOV	PORT SAINT LUCIE 34986	<b>≣</b> Add
		SUITE 100	<u> </u>
		PORT SAINT LUCIE 34986	
AMBR	JAMSHED HOLMURADOV	PORT SAINT LUCIE 34986	■ Add
		SUITE 100	□Remove
		PORT SAINT LUCIE 34986	
			□Add
			□Remove
			□Change
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			□Remove
			□Change

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	04/28/2022		
Effective date, if other than the difference is the date must be the date must be to the date must be the date must be the date of the date must be the date of th	ate of filing:	(option	
Note: If the date inserted in this bloc	k does not meet the applicable st		
document's effective date on the Dep	irtment of State's records.		
1.77	ate, but not an effective time, at	(12:01 a.m. on the eartier of: (b)	The 90th day after the
rd is filed.			
e record specifies a delayed effective ord is filed.  Dated May 17	2022	M/4/	
	2022	John John John John John John John John	
rd is filed.	· <u>2022</u>	J. M.	

Filing Fee: \$25.00