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COVER LETTER

TO:

TO: Registration Sec Division of Corp			
SUBJECT: A12	RA FIFTY (Turn LIC	
	Name of Limi	ted Liability Company	
The analogue Articles of E	Amendment and fee(s) are subt	nitted for filing	
	idence concerning this matter t		
	DANE	Name of Person	. <u>.</u>
	MREA FI	Firm/Company	
	913 SHM	DY PHZK TIK	
	DUYTOWA	BH. FL 3 City/State and Zip Code D (a aol , Cor to be used for future annual report nout	2117
	E-mail address: (i	to be used for future annual report nout	ication)
For further information co	oncerning this matter, please co	all:	
Name of	Person	at (<u>786</u>) <u>457</u> Area Code Daytime	- 187(Telephone Number
Enclosed is a check for th	e following amount:		
(AS25.00 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 Address Registration S	Section	Street Address: Registration Sec Division of Cor	
Division of C P.O. Box 632	7	The Centre of T	allahassee
Tallahassee, I	·L 32314	Z415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 JUL -6 AM 9:

		LCLL COLL
APPA Extre Gir	u LLC	
(Name of the Limited Liability Compa	ny as it now appears on our records.) Liability Company)	
(A Forda Limited L	, ,	
The Articles of Organization for this Limited Liability Company	were filed on	2 and assigned
Florida document number 12200 222188	/ /	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	fity Company," the designation "LLC" or the abbr	eviation "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 the name	of the new registered
agent and/or the new registered office address here:	radicas on our records; circe the number	se the heart registered
Name of New Registered Agent:		
		
New Registered Office Address:	Enter Florida street address	
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	•	•
AND INCOMES OF A STREET OF A STREET OF A STREET OF A STREET		

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.

Langing 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>	Address	Type of Action
Mor	KORY CAMSTON	125 CARORGE WASHINTON Li	¥ □Add
		RICHLUND, WIT 99352	DKemove
			□Change
MGR	DANE M. Hull	913 SHADY PLAKE TER.	iXAdd
		DAYTONA BH, FL 321	7 □Remove
			□Change
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f an effective date i Note: If the date	if other than the date is listed, the date must be inserted in this block tive date on the Department.	e specific and cannot be does not meet the	applicable statutory	or more than 90 days	optional) after filing.) Pursuant to (, this date will not be l	605.0207 listed as
record specifies d is filed.	s a delayed effective c	late, but not an effec	ctive time, at 12:01	a.m. on the earlier o	f: (b) The 90th day a	ifter the
Dated <u>C</u>		gnature of a member of	of authorized represer	native of a member		-
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Filing Fee: \$25.00