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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	
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Office Use Only



400389435994

06/16/22--01014--030 \*\*55.00



## **COVER LETTER**

TO:

Registration Section Division of Corporations

APNGROUSUBJECT:	JP LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	OSWALDO NARVAEZ		
		Name of Person	
	APNGROUP LLC		
		Firm/Company	
	5536 ARNOLD PALMER	DR APT 1013	
	_	Address	<del></del>
	ORLANDO, FL 32811		
		City/State and Zip Code	
	NARVAEZOSWALDO21@	GMAIL.COM	
	E-mail address: (t	o be used for future annual report not	ification)
For further information e	concerning this matter, please ca	ill:	
OSWALDO NARVAEZ		407 4069280 at ( )	
Name of Person		at () Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he 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 S Division of C	Section	Street Address: Registration Se Division of Co	
P.O. Box 632		The Centre of 7	
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

APNGROUP LLC

2022 JUN 16 AM 11: 33

(Name of the Limited	Liability Company as it now appears on ou	r records.)
(A	Liability Company as it now appears on our Florida Limited Liability Company)	TALLAHASSEF. FI
The Articles of Organization for this Limited Liah	oility Company were filed on $\frac{05/18/202}{1}$	and assigned
Florida document number L22000233212		-
This amendment is submitted to amend the follow		
A. If amending name, enter the new name of the	he limited liability company here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET)	ADDRESS)	
Enter new mailing address, if applicable:		_ <del>_</del> .
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
D 16 12 41 14 14 14 14 14 14 14 14 14 14 14 14		
B. If amending the registered agent and/or registered and/or the new registered office address I		enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
they registered office reduces.	Enter Florida stree	1 address
		Florida
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Reg	istered Agent:	
I hereby accept the appointment as registered of provisions of all statutes relative to the proper accept the obligations of my position as registe being filed to merely reflect a change in the region company has been notified in writing of this change in the region.	and complete performance of my dui red agent as provided for in Chapter gistered office address. I hereby conf	ies, and I am familiar with and 605, F.S. Or, if this document is

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	OSWALDO NARVAEZ	5536 ARNOLD PALMER DR APT 1013	□Add
		ORLANDO FL 32811	
AMBR	ANDREINA FILO	5536 ARNOLD PALMER DR APT 1013	□Add
		ORLANDO FL 32811	□Remove
			<b>≡</b> Change
			□Add
			□Remove
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