

K22000235903

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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22 OCT 24 PM 3:39

Division of Corporations

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Apex Outdoors of Bay County LLC
Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Von Spikes / Johnny Spikes
Contact Person

Apex Outdoors of Bay County LLC
Firm/Company

2203 E. 3rd ST.
Address

PC, FL 32401
City, State and Zip Code

vspikes14@gmail.com
E-mail address: (to be used for future annual report notification)

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NOT PART OF PUBLIC
DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

Von Spikes at (850) 348-3632
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$52.50 Filing Fee

☐ \$61.25 Filing Fee
and Certificate of
Status

☐ \$105.00 Filing Fee
and Certified Copy

☐ \$113.75 Filing Fee,
Certified Copy, and
Certificate of Status

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

COVER LETTER

TO: Registration Section
Division of Corporations

RECEIVED

2022 OCT 24 AM 10:55

SUBJECT: APEX Outdoors of Bay County, LLC
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:

Von Spikes

Name of Person

APEX Outdoors of Bay County, LLC

Firm/Company

2203 E 3rd Street

Address

Panama City, FL 32401

City/State and Zip Code

vspikes14@gmail.com

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

For further information concerning this matter, please call:

Ben Baker

Name of Person

at (850)

Area Code

814-1638

Daytime Telephone Number

Enclosed is a check for the following amount: *Check for \$52.50 sent with previous form

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|--|--|--|

Mailing Address:

Registration Section
Division of Corporations
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Tallahassee, FL 32314

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The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
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DIVISION OF CORPORATIONS
TALLAHASSEE, FL

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

APEX Outdoors of Bay County, 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 May 20, 2022 and assigned Florida document number L22000235903.

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:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
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>
AMBR	Johnny Spikes	4118 Grady Street, Panama City, FL 32404	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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22 OCT 2011 3:39 PM
DIVISION OF CONSERVATION

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

22 OCT 24 PM 3:35

THE UNITED STATES
DEPARTMENT OF COMMERCE

F. 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.

Dated _____; _____

Van pikes

Signature of a member or authorized representative of a member

Von Spikes

Typed or printed name of signee

Filing Fee: \$25.00