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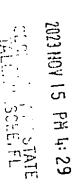
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COVERAGETTER

TO:		stration Section of Corp						
SUBJE		AP RESIDE	ENTIAL SERVICES					
SUBJE	C. I		Name of Lin	ited Linbility Compa	ny	- ,= ,	, , , , , , , , , , , , , , , , , , , 	
The enc	losed	Articles of A	Amendment and fee(s) are sub	omitted for filing.				
Please r	etum a	ıll correspor	ndence concerning this matter	to the following:				
			AUSTIN PRESTON					
				Name of Pers	on		· · · · · · · · · · · · · · · · · · ·	•
			AP RESIDENTIAL SERV	VICES				, ÷
Firm/Company								
			1515 CLAYTON AVE					
				Address		· · · · · · · · · · · · · · · · · · ·	***	
			LEHIGH ACRES, FL 339	772				20 0
				City/State and Zip	Code			2023 HOV 1
			APRESIDENTIALSERVI	-				
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			oncerning this matter, please o		_		2	C PR
AUSTI	N PRI			at (672-3 		<u> </u>	
		Name of	Person	Area Cod	le	Daytime Telep	bone Number	171
Enclose	ed is a	check for th	e following amount:					
□ \$25	5.00 Fi	ling Fee	\$30.00 Filing Fee & Certificate of Status	🗆 \$55.00 Filin *Certified Co शासीकामा स्व	ζάσ		Certified	le of Status ik
	Reg Divi P.O.	ing Address istration S sion of Co Box 632' ahassee, F	ection orporations 7	Re Di Ti 24	ivision one Centr 115 N. N	on Section of Corporate of Tallah Monroe Street, FL 3230	assee æt, Suite 8	10

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AP RESIDENTIAL SERVICES		
(Name of the Limited Liability Company as it now and (A Florida Limited Liability Compan)	rents on our records.) y)	
The Articles of Organization for this Limited Liability Company were filed on	10/11/2022 and ass	igned
Florida document number 1.22000437746		
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." (h	e designation "LLC" or the abbreviation "L.	L.C."
Enter new principal offices address, if applicable:	·	
(Principal office address MUST BE A STREET ADDRESS)		·
	<u> </u>	
Enter new mailing address, if applicable:	<u> </u>	Garage
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
	\sigma_{\sigma} \sigma_{\sigma} \sigma_{\	
B. If amending the registered agent and/or registered office address on on	r records. Witer the name of the in-	v registered
agent and/or the new registered office address here:	ㅠ킨 :	Visit.
	30 L	
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:		
Enter	Florida street address	•

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 Lain 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.

Cin

Floridà

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	Ę	vpe of Action
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			LEHIGH ACRES FL 33971	h	□Remove
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