

W22000497778

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(Address)

(Address)

(City/State/Zip/Phone #)

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(Document Number)

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TALLAHASSEE, FL

2022 DEC -5 AM 8:20

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: A.P.R.O.S INVESTMENT GOUP, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Yoslier Orta
Name of Person

A.P.R.O.S INVESTMENT GROUP
Firm/Company

15221 SW 80TH ST APT. 504
Address

MIAMI, FL 33193
City/State and Zip Code

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

For further information concerning this matter, please call:

Yoslier Orta at (786) 2915105
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 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

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

A.P.R.O.S INVESTMENT GOUP, 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 November 22, 2022 and assigned Florida document number L22000497778.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

A.P.R.O.S INVESTMENT GROUP, LLC

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)

FILED
2022 DEC -5 AM 8:20
CLERK OF STATE
TALLAHASSEE, FL

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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

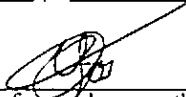
E. Effective date, if other than the date of filing: _____ (optional)

(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 November 30, 2022



Signature of a member or authorized representative of a member

Yoslier Orta

Typed or printed name of signer

State of Florida

Department of State

I certify from the records of this office that A.P.R.O.S INVESTMENT GOUP, LLC, is a limited liability company organized under the laws of the State of Florida, filed electronically on November 22, 2022.

The document number of this company is L22000497778.

I further certify that said company has paid all fees due this office through December 31, 2022, and its status is active.

I further certify that this is an electronically transmitted certificate authorized by section 15.16, Florida Statutes, and authenticated by the code noted below.

Authentication Code: 221130093532-200398062682#1

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this the
Thirtieth day of November, 2022

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L22000497778
FILED 8:00 AM
November 22, 2022
Sec. Of State
slsingleton

Article I

The name of the Limited Liability Company is:

A.P.R.O.S INVESTMENT GOUP, LLC

Article II

The street address of the principal office of the Limited Liability Company is:

19715 SW 119 PL
MIAMI, FL 33177

The mailing address of the Limited Liability Company is:

19715 SW 119 PL
MIAMI, FL 33177

Article III

The name and Florida street address of the registered agent is:

YOSLIER ORTA
19715 SW 119 PL
MIAMI, FL. 33177

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: YOSLIER ORTA

State of Florida Department of State

I certify the attached is a true and correct copy of the Articles of Organization of A.P.R.O.S INVESTMENT GOUP, LLC, a limited liability company organized under the laws of the state of Florida, filed electronically on November 22, 2022, as shown by the records of this office.

I further certify that this is an electronically transmitted certificate authorized by section 15.16, Florida Statutes, and authenticated by the code noted below.

The document number of this limited liability company is L22000497778.

Authentication Code: 221130093532-200398062682#1

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this the
Thirtieth day of November, 2022