L23000126078

(Re	equestor's Name)	
`	,	
(Ac	idress)	
(Ac	idress)	<u> </u>
(Ci	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Apex Krow Maga L	LC:
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:	
Trease retain an correspondence concerning and matter to the restoring.	
Stephanie Sosko	1
Apex Kyay Maga	LLC.
759 VIIIage Grande	DY.
Prote Vedra, PL City/State and Zip Code	32081 Samuel Com 3
E-mail address: (to be used for future annual repo	$\frac{1}{2}$
For further information concerning this matter, please call:	
Cl - ol - o Cocl o Coll	IN ARAGEMENT
Name of Person at (404) Area Code	Oaytime Telephone Number
	,
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Solution Solution Status S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Street Address Registration Section Registratio	
Division of Corporations Division of	f Corporations
	of Tallahassee onroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited	Liability Compar A Florida Limited L	ny astit now ap	pears on our re	cords.)		
The Articles of Organization for this Limited Lia Florida document number <u>L23000121</u>	bility Company		_		_ and as	ssigned
This amendment is submitted to amend the follow	ving:					
If amending name, enter the new name of t	he limited liabi	lity compan	v here:			
The new name must be distinguishable and contain the wor	rds "Limited Liabili	ty Company," t	he designation "	LLC" or the abbrev	aiation "l	J.L.C."
Enter new principal offices address, if applical	ble:					
(Principal office address MUST BE A STREET	ADDRESS)					
				<u> </u>)23/	Cit (party
					APR	ال ال
Enter new mailing address, if applicable:					ယ်	1 Table
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>			· <u>=</u>	70	5 11
				 	<u> </u>	
				TE	58	
B. If amending the registered agent and/or reg agent and/or the new registered office address		ddress on ou	ır records, <u>en</u>	iter the name o	f the ne	<u>w registered</u>
/						
Name of New Registered Agent:				<u>-</u>		
New Registered Office Address:						
		Enter	Florida street aa	ldress		
	**			. Florida	7, 25 1	
		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>N</u> ame	<u>Address</u>	Type of Action
MOR	Stephanie Sisku	759 Village Grande	$\overline{\mathcal{D}_{\lambda}}$ $\stackrel{\mathbf{M}_{qqq}}{\sim}$
	•	BANE VEDRG, FL 3208	Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			PR □ Change
		STATE	PI [][
			∞ □Remove
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			□Remove
			□Change

Note	tive date, if other than the date of filing:
ne reco	ord 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 filed.
	march 30 2023
Date	
Date	Signature of a member or authorized representative of a member