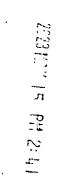
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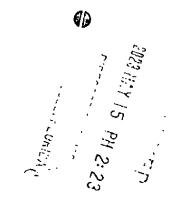
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	(City/State/Zip/Phone #)	
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Special Instructions to	Filing Officer:	
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Office Use Only



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FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

05/15/23

NAME: APPS REMODELING SOLUTIONS LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO: Registration Section Division of Corporations	<u> </u>
APS REMODELING	SOLUTIONS LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Articles of Amendme	and fee(s) are submitted for filing.
Please return all correspondence co	necerning this matter to the following:
OLGA	RAMOS
	Name of Person
FREE	DOM ATAX SERVICES OF SWFL
	Firm/Company
12355	COLLIER BLVD STE H
	Address
NAPL	ES FLORIDA 34116
01.64	City/State and Zip Code RAMOS0524@GMAIL.COM
OLGA -	E-mail address: (to be used for future annual report notification)
For further information concerning	this matter, please call:
OLGA RAMOS	239 455-6011 at ()
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the followi	i j ng amount:
	100 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporate P.O. Box 6327 Tallahassee, FL 3231	The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

APS REMOLDING SOLUTIONS 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 03/17/2023 Florida document number L23000138195 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: APS REMODELING SOLUTIONS LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 9340 MARINO CIRCLE Enter new principal offices address, if applicable: 107 (Principal office address MUST'BE A STREET ADDRESS) NAPLES FLORIDA 34114 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

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.

Cin

If Changing Registered Agent, Signature of New Registered Agent

, Florida

MGR = 'Manager AMBR = Authorized Member				
<u> Fitle</u>	<u>Name</u>	<u>Address</u>	Type of Action	
				
			□Remove	
	 - -		□Change	
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			□Change	
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amending	any other info	rmation, enter change(s) here: (Attach additional sheets, if necessary.)
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in effective da ote: If the d	ate is listed, the date late inserted in th	the date of filing: O5/12/2023 (optional) must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 is block does not meet the applicable statutory filing requirements, this date will not be listed a Department of State's records.
ecord specil is filed.	fies a delayed eff	dective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ted MAY I	12	. 1023
		MM
		Signature of Amember or authorized representative of a member Accounter Typed or printed name of signee
OL.	.GA RAMOS	I day of the state

Filing Fee: \$25.00



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 16, 2023

FLORIDA FILING & SEARCH SERVICES, INC.

SUBJECT: APS REMOLDING SOLUTIONS LLC

Ref. Number: L23000138195

We have received your document for APS REMOLDING SOLUTIONS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document number of the name conflict is L23000138195.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 023A00011156

Anissa Butler Regulatory Specialist II

Hi Anissa,

15 this rejection correct? They are changing from

Remodeling. I don't see a conflict on

Sunbiz 3 I'm confused how they're in conflict with

Thank you! 850-216-0454

www.sunbiz.org