L23 000 164 324

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certificates of Status
Plastructions to Filing Officer:

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COVER LETTER

TO: Registration So Division of Cor			
SUBJECT:	Apex Acadery	ny LLC	
30bJEC1.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Steph	Name of Person	
	,	Name of Person	
		Firm Company	
	8,87	CAMARION O DON'T	1610
		CAMERON DAVI	
	Middleburg	City/State and Zip Code	
		City/State and Zip Code	
	Sithis IS	to be used for future annual report noti	Gestion
For further information of	oncerning this matter, please ca		
51.1.1	2.57	and and a)97 C
Siepvin L	(INT) (Person	at (904) 704 - 0 Area Code Daytim	e Telephone Number
		•	
Enclosed is a check for the	ne 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		Street Address:	ction
Registration : Division of C		Registration Se Division of Cor	
P.O. Box 632	.7	The Centre of T	allahassee
Tallahassee, l	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Apex Acaden	ny LLC	
(Name of the Limited Liability Compa (A Florida Limited)	iny/as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\underline{L2300144324}$.	were filed on 4/3/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	vility company here:	
Apex Performance Insta	tution LLC	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	· · · · · · · · · · · · · · · · · · ·	:
		1
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
D. If any and in the quaintered are at any to a value and off are	addense an ann macaide, antairtha namh	a of the new monisters
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the nam	ie of the new registere
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 agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am j provided for in Chapter 605, F.S. Or,	familiar with and if this document is

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>	Name	Address	Type of Action
			□Add
			□ Remove
			CIChange
			□Add
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n effective date o <mark>te:</mark> If the date	is listed, the date must e inserted in this blo	be specific and cannock does not meet t	ot be prior to date of the applicable state	filing or more than 90 story filing requiren	days after filing.) Pursua tents, this date will no	ant to 605.020 of he listed a:
	s a delayed effective	e date, but not an e	ffective time, at 12	2:01 a.m. on the earl	ier of: (b) The 90th	day after the
is filed.						
ecord specifies is filed.	Stept			resentative of a memb		

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