Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

AEnter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Emall.	Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN APEX PRO STORE LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Apex Pro Store LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company we Florida document number L23000199141	vere filed on 04/21/23	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the ab	breviation "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)		
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	ddress on our records, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:		201
New Registered Office Address:		. 3
rew registered office Address.	Enter Florida street address	5 737
	, Florida	Zip Code:
	City:	Zip Code: —
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a	performance of my duties, and I am joorided for in Chapter 605, F.S. Or,	familiar with and if this document is

company has been notified in writing of this change.

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	Type of Action
AMBR	Keith Johnson	1300 3rd St. SW	X∴Add
		Winter Haven, FL 33880	□Remove
			☐ Change
***************************************			□ Add
			□Remove
			Change
			□Add
			□Remove
			☐ Change
 		·	□Add
			□Remove
			Change
			🗆 Add
			□Remove
			□Change
			
			Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) (optional) E. Effective date, if other than the date of filing: (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 May 10th VWI Symiler
Signature of a member or authorized representative of a member Nat Smith Typed or printed name of signee

Filing Fee: \$25.00