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COVER LETTER

TO: Registration Section. Division of Corporations
SUBJECT: APT Florida Services, LLC. 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:
Jose Muguercia Giverra
APT Florida Services, LLC
10245 NW 63 Terrace #207
Doval FL 33178 City/State and Zip Code
City/State and Zip Code Jamuquercia 25 agman Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tose Muguercia Guerra (305) 680-6649 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee, \$\Certificate of Status \$\Certificate of Status & Certified Copy \$\text{(additional copy is enclosed)}\$ Certificate of Status & Certified Copy \$\text{(additional copy is enclosed)}\$ Certificate of Status & Certified Copy \$\text{(additional copy is enclosed)}\$
Mailing Address: Registration Section Registration Section Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

	vices LLC.
(Name of the Limited Liability Compa- (A Florida Limited L	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L.J.3000 J.G.I.G.B.G.</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liabi	·
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	10245 NW 63 Ferr
(Principal office address MUST BE A STREET ADDRESS)	# 207
	Doral FL 33178
	o
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
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 familiar with and provided for in Chapter 605, F.S. Or, 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>	<u>Name</u>	Address	Type of Action
P	Jose Muguercia	10745 NW 63 Terr. #20	<mark>7</mark> □Add
	Enverra	Doral FL 33178	XRemove
			□Change
MGR	Jose Huguercia	10245 NW 43 Terr #207	X Add
	Guerra	10245 NW 103 Terr #207 Doral FL 33178	□Remove
			□Change
			□Add
			□Remove
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Tective date, if other than the date of filing:	(optional)
on effective date is listed, the date must be specific and cannot be prior to date of filing or more than ote: If the date inserted in this block does not meet the applicable statutory filing requi	90 days after filing.) Pursuant to 605.02
ocument's effective date on the Department of State's records.	rements, this date with not be fished
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the coil is filed.	earlier of: (b) The 90th day after th
ared <u>July</u> 5, <u>2033</u> .	
Signature of a member or authorized representative of a me	
Signature of a member of authorized representative of a me	mber