

L24 0000 40573

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

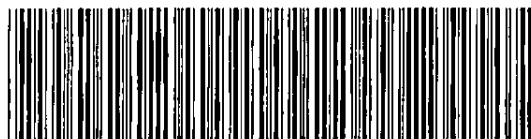
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2024 SEP 19 PM 2:31
SECRETARY OF STATE
TALLAHASSEE, FL

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 12, 2024

ENRIQUE R ACOSTA ARAUZ
5253 VILLA ROSA AVE
ST CLOUD, FL 34771

SUBJECT: APEX WATERPROOFING
Ref. Number: L24000040573

We have received your document and check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

You may email the corrected documents or any questions you may have to Vonterica.Williams@DOS.FL.GOV. PDF Format only.

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.

Vonterica S Williams
REGULATORY SPECIALIST II

Letter Number: 324A00020481

2024 SEP 19 PM 2:31
SECRETARY OF STATE
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 22, 2024

ENRIQUE R ACOSTA ARAUZ
5253 VILLA ROSA AVE
SAINT CLOUD, FL 34771

SUBJECT: APEX WATERPROOFING
Ref. Number: L24000040573

We have received your document for APEX WATERPROOFING and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Florida profit corporation, but your entity is a
Please complete and return the enclosed blank form(s).

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.

Morgan E Lovett
Regulatory Specialist II

Letter Number: 524A00003966

2024 SEP 15 PM 2:31
STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: APEX WATERPROOFING

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:

Enrique R Acosta Arauz

Name of Person

Apex Waterproofing

Firm/Company

5253 Villa Rosa Ave

Address

City/State and Zip Code

Saint Cloud Florida 34771

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Enrique R Acosta Arauz

689 666-6404
at ()
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the 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:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

SECRETARY OF STATE
TALLAHASSEE, FL

2024 SEP 19 PM 2:32

9/19/24

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Apex Waterproofing

(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 01/22/2024 and assigned
Florida document number L24000040573.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Apex Waterproofing LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "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 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

Florida

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>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Enrique R Acosta Arauz	5253 Villa Rosa Ave	☒ Add
		Saint Cloud, FL 34771	☐ Remove
			☐ Change
AMBR	Byron J Ramos Mejia	1909 PENFIELD ST	☐ Add
		KISSIMMEE, FL 34741	☒ Remove
			☐ Change
AMBR	Juan J Umanzor Parada	708 GAZELLE WAY	☐ Add
		KISSIMMEE, FL 34759	☒ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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SECRETARY OF STATE
TALLAHASSEE, FL

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TALLAHASSEE, FL

2024 SEP 19 PM 2: 32

(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)

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 September 19th, 2024

Signature of a member or authorized representative of a member

Enrique R Acosta Arauz

Typed or printed name of signee

Filing Fee: \$25.00