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## COVER LETTER

TO:

Registration Section Division of Corporations

APEX MANAGEMENT SERVICES LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for tiling. Please return all correspondence concerning this matter to the following: R. SCOTT MOORE Name of Person SOTO LAW GROUP PA Firm/Company 2400 E COMMERCIAL BLVD STE 400 Address FT LAUDERDALE, FL 33308 City/State and Zip Code scott@sotolawgroup.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Rebecca DeLisle Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, ■ \$25.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations** Division of Corporations The Centre of Tallahassee P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## APEX MANAGEMENT SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

() ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	Thursting Complia	9)	
The Articles of Organization for this Limited Liability Compan Florida document number 1.24000096035	y were filed on	February 23, 2024	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company	y here:	
The new name must be distinguishable and contain the words "Limited Lial	oility Company," t	he designation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:	<del></del>		<del></del>
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)			
	<u></u>		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on ou	r records, <u>enter the name</u>	of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter	Florida street address	
		, Florida	
New Desirement Asserts Clause to the Asserts Desire and Asserts			хір Соав
New Registered Agent's Signature, if changing Registered Agen			
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	e performance provided for i	of my duties, and I am fa in Chapter 605, F.S. Or, ij	miliar with and this document is
If Ch	anging Registered	Agent, Signature of New Regis	tered 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
MBR	WILLIAM HICKMAN	281 NE 32ND STREET	
			[]Remove
		OAKLAND PARK, FL 33334	[]Change
			CJAdd
			□Remove
			Change
<del></del> -			CJAdd
			ElRemove
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Effective date, if other than the fan effective date is listed, the date must Note: If the date inserted in this blodocument's effective date on the De	date of filing: be specific and canno ock does not meet th	ie applicable stat	filing or more than 90 ntory filing require	(optional) I days after filing.) Pursua ments, this date will no	unt to 605,0207 ( of be listed as th
e record specifies a delayed effective rd is filed.	e date, but not an eff	fective time, at 1	2:01 a.m. on the ea	rlier of: (b) The 90th	day after the
Dated APRII, 9	202	2.4			
DATECT		·			
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1	Algumente of a memoc	a of minions, care,			

Filing Fee: \$25.00