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COVER LETTER

TO: Registration Section Division of Corporations

Tallahassee, FL 32314

SUBJECT:	Apex Government Solutions LLC			
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Name of Lim	ited Liability Company	
The enclosed	f Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Nicholas Johnson		
			Name of Person	
		Apex Government Solution	ns LLC	
			Firm/Company	
		1509 winding way e		
			Address	
		clearwater fl 33764		
		<u> </u>	City/State and Zip Code	<u> </u>
		apexgovernmentsolutions@)gmail.com	
		E-mail address: (to be used for future annual report	notification)
For further in	nformation c	concerning this matter, please c	all:	
nicholas joh	nnson		804 901-438	37
	Name o	of Person	Area Code Da	ytime Telephone Number
Enclosed is a	a check for t	he following amount:		
□ \$25.00 H	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	iling Addre		Street Addres Registration	
Div	vision of C	Corporations	Division of	Corporations
P.C). Box 631	27	The Centre	of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Apex Government Solutions LLC		
(<u>Name of the Limited Liability Company</u> as (A Florida Limited Liabili	it now appears on our records.) ty Company)	
The Articles of Organization for this Limited Liability Company were florida document number 124000126723	e filed on 03/19/2024	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	company here:	
The new name must be distinguishable and contain the words "Limited Liability Co	ompany," the designation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:		~
Principal office address MUST BE A STREET ADDRESS)		2024
	F- 27 (= 27)	MA T
	: (설명) 기계 4년	23
Enter new mailing address, if applicable:	Some Some	P M
Mailing address MAY BE A POST OFFICE BOX)	S. S.	
3. If amending the registered agent and/or registered office addregent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:		of the new regis
	Enter Florida street address	
	Florida	
	Cin	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.

It 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>	Type of Action
AMBR	Nicholas Johnson	1509 winding way e clearwater fl 33764	\exists Add
			□Remove
			□Change
			□Add
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(If an eff	ive date, if other than the date of filing: (optional) (ective 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) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the cent's effective date on the Department of State's records.
the recor	d 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 led.
Dated	05/13/2024
Dated	making
	and the second s

Typed or printed name of signee