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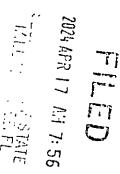
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## **COVER LETTER**

t .

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

SAPEX LI SUBJECT:	J.C		
JOBJECT.	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are suf	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Andrei Sharapau		
		Name of Person	
		Firm/Company	
	13017 Doisy st		
		Address	·
	Orlando Florida 32827		
	6898838@gmail.com	City/State and Zip Code	
	E-mail address: (	to be used for future annual report notif	ication)
For further information c	oncerning this matter, please c	all:	
Andrei Sharapau		321 2020465	
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:	
Registration S Division of C		Registration Sec Division of Corp	
P.O. Box 632	-	The Centre of Tr	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

SAPEN LLC	2024 APR 17 Art 7: 57
( <u>Name of the Limited Liability Company as it now</u> (A Florida Limited Liability Con	appears on our records.)  ipany)
The Articles of Organization for this Limited Liability Company were filed florida document number <u>L24000145845</u> .	on $\frac{03/26/2024}{}$ and assigned
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	any here:
The new name must be distinguishable and contain the words "Limited Liability Company	"." the designation "L.L.C." 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 regist
gent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
E	nter Florida street address
	Florida
Circ	Zin 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 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
MGR	Andrei Sharapau	13017 Doisy st Orlando Florida 32827	
			□Remove
			□Change
	47	<del> </del>	🗆 Add
			□Remove
			□Change
		□Add	
			Remove
			Change
			□Add
			□Remove
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		<del></del>	□Change
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			Remove
			□ Change

ficetive date, if other than the date of filing:		
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		Andrei Marabau Typed or printed name of signee

Filing Fee: \$25.00