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(Address)
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(City/State/Zip/Phone #)
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(Document Number)
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### **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:			
	Name of Limi	ted Liability Company	
The enclosed Articles of .	Amendment and fee(s) are subt	nitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	o irol l
			वांचन अस्ता - रेते र
		Name of Person	A. Hameno
		Name of Person	
		5: 10	t seas and offi
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			Principal o
		Address	
		City/State and Zip Code	<del></del>
	E-mail address: (	to be used for future annual report noti	tication)
For further information c	oncerning this matter, please ca		
		at ( )	
Name o	f Person	at ()Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	S30.00 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 Addres	<u>ss:</u> ,	Street Address:	

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

(Name of the Limited Liability Company as it now appears of (A Florida Limited Liability Company)	·
The Articles of Organization for this Limited Liability Company were filed on <u>05</u>	JUNE 2024 and assigned
Florida document number L2400036177	
This amendment is submitted to amend the following:	
<b>}</b>	
A. If amending name, enter the new name of the limited liability company here	:
= = \$	<del></del>
The new name must be distinguishable and contain the words "Limited Liability Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	. 21
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 recagent and/or the new registered office address here:  Name of New Registered Agent:	ords, <u>enter the name of the new reg</u>
New Registered Office Address:	
Enter Florido	i street address
	, Florida
<u> </u>	
City	Zip Code

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>	Address	Type of Action
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		Jacksonville, FL 32210	⊠Remove
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ctive date, if other than the effective date is listed, the date mus	date of filing:	29.1017	<u> で                                   </u>	ptional)	
er it the date inserted in this blo	ock does not meet the a	ipplicable statutory (	or more than 90 days a Tling requirements,	after filing.) Pursuant this date will not	to 605.0207 (3 be listed as the
iment's effective date on the Do	epartment of State's re-	cords.			
ord specifies a delayed effective	o data hai not an affao	tiva tima, at 17:01 a	و من المناسب و ا	C/L) The one i	8
filed.	a date, our not an effec	ave time, at 12.01 a.	m. on the earner of	: (0) The 90th da	iy after the
d 29 July 84	<u> </u>				
	13/1				
	Signature of a member of	r authorized representa	tive of a member		_

Filing Fee: \$25.00

#### **COVER LETTER**

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

**Division of Corporations** SUBJECT: \_\_\_\_ 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: Florica C This amendm A. If ameno Name of Person Тве вем запис г Firm/Company Enter new pi (Principal o Address City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ☐ \$25.00 Filing Fec ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (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

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

APEX Prince and aroun		
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar		and assigned
Florida document number <u>L2400056177</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "LLC" or the a	bbreviation "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 agent and/or the new registered office address here:	address on our records, enter the nan	ne of the new register
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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

APEX Pront and a	rum		·
(Name of the Limited	d Liability Compar A Florida Limited L	ny as it now appears on our records.) Jability Company)	
The Articles of Organization for this Limited Lia			and assigned
Florida document number <u>しこりのかからいする</u>	<u>}                                    </u>		
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of t	the limited liabi	lity company here:	
The new name must be distinguishable and contain the wo	rds "Limited Liabili	ity Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B	<u>(OX)</u>		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or regagent and/or the new registered office address		ddress on our records, enter the n	ame of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
		Enter Florida street address	
		, Florida	
		City	Zıp 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>	Address	Type of Action
MUR	Trusenth very multimis	2449 John Marie Cir	🗆 Add
		2499 John Marie Cir Jacksonville: FL 32210	⊠Remove
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	effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 day.  If the date inserted in this block does not meet the applicable statutory filing requirement ment's effective date on the Department of State's records.	( <b>optional)</b> s after filing.) Pursuant to 605.0207 (3 is, this date will not be listed as th
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier filed.	of: (b) The 90th day after the
e record rd is file		
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e record rd is file Dated _	Signature of a member or authorized representative of a member	