

L24000516D50

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

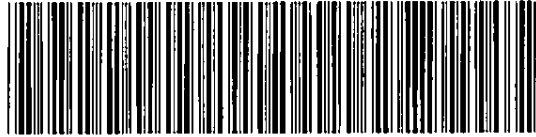
(Document Number)

Certified Copies _____

Certificates of Status _____

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01/08/25-01001-008 **80.00



SEAL OF THE STATE
OF TENNESSEE, FL

2025 JAN -3 PM 3:40

FILED

2025 JAN -3 PM 3:16

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AP ADVANCED CONSTRUCTION, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees) are submitted for filing.

Please return all correspondence concerning this matter to the following:

HEYAWNEH YIMER

Name of Person

AP ADVANCED CONSTRUCTION, LLC

Firm/Company

12397 San Jose Blvd Apt 1165

Address

Jacksonville, FL 32223

City/State and Zip Code

heyawneh.yimer@gmail.com

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

For further information concerning this matter, please call:

HEYAWNEH YIMER

904 504-5719

at ()

Name of Person

Area Code

Daytime Telephone Number

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

FILED
2005 JAN -3 PM 3:40
SECRETARY OF STATE
TALLAHASSEE, FL

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

AP ADVANCED CONSTRUCTION, LLC

(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 12/12/2024 and assigned
Florida document number L24000516050.

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 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)

5545 Alexis Forest Lane

Jacksonville, FL 32258

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

12397 San Jose Blvd Apt 1165

Jacksonville, FL 32223

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:

HEYAWNEH YIMER

New Registered Office Address:

12397 San Jose Blvd Apt 1165

Enter Florida street address

Jacksonville

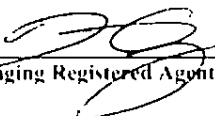
Florida 32223

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

RECEIVED
NOV-13 PM 3:40
CLERK OF DISTRICT COURT
JACKSONVILLE, FL

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ARBEN PEPAJ	5545 Alexis Forest Lane	<input type="checkbox"/> Add
		Jacksonville, FL 32258	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	HEYAWNEH YIMER	12397 San Jose Blvd Apt 1165	<input checked="" type="checkbox"/> Add
		Jacksonville, FL 32223	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

[illegible]

F. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 December 26, 2024

Signature of a member or authorized representative of a member

HEYAWNEH YIMER

Typed or printed name of signee

FILED
2025 JAN -3 PM 3:40
Sgt. HANSEN
TALLAHASSEE, FL