

Note: Please print this page and use it as a cover sheet. Type the tax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : GG CONSULTING SERVICES CORP
Account Number : I20210000143
Phone : (786)631-8656
Fax Number : (786)360-4066

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

PRES JAM 23 PH 1: 15
DIVISION OF GENERAL GRIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN APEX WEALTH CLUB LLC

Certificate of Status	0
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Page Count	01
Estimated Charge	\$25.00

JAN 27 2025.

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. COVER LETTER

TO: Registration Division of 0	Section Corporations		
SUBJECT: APEX V	VEALTH CLUB LLC	•	
	Name of Li	mited Liability Company	
The enclosed Articles	of Amendment and fee(s) are su	abmitted for filing	
	spondence concerning this matte		
	ORLANDO J GONZALI	EZ	
		Name of Person	
	GG CONSULTING SER	VICES CORP	
		Firm/Company	
	95 MERRICK WAY. TH	URD FLOOR. SUITE 300	
		Address	
	CORAL GABLES, FL 33	3134	
		City/State and Zip Code	
		SULTINGSERVICES.COM	
For further information	concerning this matter, please of	(to be used for future annual report notical):	fication)
ORLANDO J GONZA	LEZ	786 631-8656	
Name	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for	the 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 Addre		Street Address:	
Registration Division of (Registration Sec	tion
P.O. Box 632		Division of Corp The Centre of Ta	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

APEX WEALTH CLUB LLC

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Compa: (A Florida Limited L	ny as it now appears on ou liability Company)	r records.)		
The Articles of Organization for this Limited I Florida document number L25000020216	iability Company	were filed on 01/10/202	5	and assigned	
This amendment is submitted to amend the following	lowing:				
A. If amending name, enter the new name of	of the limited liabi	lity company here:			
N/A	•				
The new name must be distinguishable and contain the	words "Limited Liabili	ty Company," the designation	on "LLC" or the abbi	eviation "L.L.C."	
Enter new principal offices address, if applic	eable:	N/A			
(Principal office address MUST BE A STREE					-
			:	2123	<u>-</u>
Enter new mailing address, if applicable:		N/A	;	:	
(Mailing address MAY BE A POST OFFICE	BOX)	7		N;	-
				<u></u>	-
B. If amending the registered agent and/or r	egistered office ac	ddress on our records,	enter the name	(.) of the new registe	- erec
agent and/or the new registered office addre	ss here:			<u> </u>	
Name of New Registered Agent:	KORAB KOZG	ORI			_
New Registered Office Address:	8168 BOAT HO	OK LOOP. UNIT 725			•
		Enter Florida street	address		•
	WINDERMERE		_, Florida 34786	5	_
New Registered Agent's Signature if shanging E		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, Simature 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>	Name	Address	Type of Action
			⊡Add
			□Remove
			□Remove
			□ Change
			□Remove
			Change
			□Add
			©Remove
			□ Change
			□Remove
			Change
<u>.</u>			□Add
			□Remove
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N/A				
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fective date, if other than the (date of filing: 01/10/20	025	Lava	4: N
n effective date is listed, the date must	be specific and cannot be p	rior to date of filing o	r more than 90 days aff	tional) er filing.) Pursuant to 605.6
ite: If the date inserted in this blo cument's effective date on the De	ck does not meet the app	olicable statutory fi	ling requirements, the	nis date will not be listed
	and of State 3 feed			
ecord emerifies a delayed effective	daga 1	. 45		
ecord specifies a delayed effective is filed.	uate, but not an effectiv	e time, at 12:01 a.t	n. On the earlier of:	(b) The 90th day after
JANUARY 21 ted	2025			
	,	·		
		l		
	ignature of a member or a	undrized represent	ive of a member)
KORAB KOZGORI		7		

Filing Fee: \$25.00