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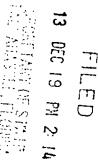
(Re	equestor's Name)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: APL OF BC	CA INC	
DOCUMENT NUMBER: P13000082690			
The enclosed Articles of	f Amendment and fee are sub	omitted for filing.	
Please return all corresp	oondence concerning this mat	ter to the following:	
1	CLEMENTE TEO	DOSI	
-		Name of Contact Person	1
<u>.</u>	APL OF BOCA IN	IC	
	407 OF NUMBER	Firm/ Company	
_	187 SE MIZNER I		
	BOCA RATON FL	Address	
_	BOOKINATORIL	City/ State and Zip Code	3
TEC		•	
150	DOSI.LILLO@G E-mail address: (to be use	of for future annual report	notification)
			,
For further information	concerning this matter, please	e call:	
CLEMENTE 7	TEODOSI	630	802-8995
	f Contact Person	at (630	de & Daytime Telephone Number
			•
Enclosed is a check for	the following amount made p	ayable to the Florida Depa	irtment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amer Divis P.O.	ing Address Indment Section Identification of Corporations Box 6327 Inassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

APL OF BOCA INC		
(Name of Corporation as currently filed with	the Florida Dept. of State)	
P13000082690		
(Document Number of Corpora	ation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes its Articles of Incorporation:	s, this Florida Profit Corporation adopts the following	amendment(s) to
A. If amending name, enter the new name of the corporation	on:	
		The new
name must be distinguishable and contain the word "corp, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," word "chartered," "professional association," or the abbrevia	" or "Co". A professional corporation name must co	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		′.
		ದೆ .
	1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	品力
C. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	- <u> </u>	- E
	97 <u>-</u>	?
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ac		
Name of New Registered Agent		
(Flor	rida street address)	
New Registered Office Address:	, Florida	
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent. I am fan		

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u> <u>Jol</u>	nn Doe	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
<u>X</u> Add	<u>SV</u> <u>Sa</u>	lly Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	P	LEKE PEPAJ	2895 SW 22 CR
Add			DELRAY BEACH FL 33445
Remove			
2) Change	P	CLEMENTE TEODOSI	116 NW 4 AVE B
Add			BOCA RATON FL 33432
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
<u></u>			
6) Change			
Add Add			
Remove			

If amending or adding additional Article (Attach additional sheets, if necessary).	(Be specific)
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares, and and and an and an and an angel and an angel and an angel and and an angel and an angel and an angel and an angel and angel angel and angel angel and angel and angel and angel and angel and angel and angel angel and angel angel and angel and angel and angel angel and angel and angel and angel angel and angel and angel angel and angel angel and angel angel and angel angel angel and angel and angel and angel angel and angel angel and angel ange
(if not applicable, indicate N/A)	nument is not contained in the amendment user.

The date of each amendment(s) adoptio	n:	_, if other than the
date this document was signed.	013	
Effective date <u>if applicable</u> : 12/1//20	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment(s) at for approval.	
	by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the	e amendment(s) was/were sufficient for approval	
by	22	
	(voting group)	
The amendment(s) was/were adopted by action was not required.	by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted by action was not required.	by the incorporators without shareholder action and shareholder	
Dated_12/17/2013		
Signature CLEMEN	TE TEODOSI MA TEOSA	_
(By a director	r, president or other officer - if directors or officers have not been	_
	an incorporator – if in the hands of a receiver, trustee, or other court acciary by that fiduciary)	
	MA TRAIN CLEMENTE TEODOS (Typed or printed name of person signing)	`` L
	(Typed or printed name of person signing)	
PRE	SIDENT	A STATE OF S
	(Title of person signing) MY COP EXP	SCOTT PETERS MMISSION # EE 07345 PES: July 11, 2015
	Bonded The	e Lary Public Underwriters