L17000009757

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2017 JUN 16 AM II: 35

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COVER LETTER

TO: Registration Division of C			
	CONSULTING LEC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles (of Amendment and feets) are subt	nitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	LIZZ MATOS		
		Name of Person	
	APOLO CONSULTING L	I.C	
		Firm/Company	
	2571 REMINGTON BLVI)	
		Address	
	KISSIMMEE, FL 34744		
		City/State and Zip Code	
	LIZZBROWN0813@GMA		
	E-mail address: (to be used for future annual report notifi	ication)
For further information	n concerning this matter, please co	nll	
LIZZ MATOS		407 779-2611 at ()	
Nam	e of Person	Area Code Daytime	: Telephone Number
Enclosed is a check to	r the following amount:		
■ \$25.00 Eding 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
313	ILING ADDRESS:	STREET/COURT	ER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2017 JUN 16 AM 11: 39

APÓLO CONSULTING 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 C		and assigned
Florida document number 1.17000009757	mendment is submitted to amend the following: unending name, enter the new name of the limited liability company here: name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" new principal offices address, if applicable: ipal office address MUST BE A STREET ADDRESS) new mailing address, if applicable: ing address MAY BE A POST OFFICE BOX) amending the registered agent and/or registered office address on our records, enter the name of the new red agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	
If amending name, enter the new name of the limited liability company here: new name must be distinguishable and contain the words "I imited I iability Company," the designation "I I C" or the abbreviation "I I C" er new principal offices address, if applicable: neipal office address MUST BE A STREET ADDRESS) er new mailing address, if applicable: nding address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of the new stered agent and/or the new registered office address here: Name of New Registered Agent:		
s amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" ter new principal offices address, if applicable: incipal office address MUST BE A STREET ADDRESS) ter new mailing address if applicable: adding address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of the new eightered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:		
The new name must be distinguishable and contain the words "I in	nited I iability Company," the designation "I	FC" or the abbreviation "L.1.;C"
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD)		
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	stered office address on our reco	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ada	tress
		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

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>	<u>Address</u>	Type of Action
AMBR	HUGO O, MORAN	2571 REMINGTON BLVD.	
		KISSIMMEE, FL 34744	☐ Remove
			Change
AMBR	MARINA E. MORESCHI	2571 REMINGTON BLVD.	
		KISSIMMEE, FL 34744	☐ Remove
			Change
			2012 MASSIE
			OPA STATE OPA
			Change
			
			☐ Remove
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			Remove
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Effective date, if other than the officerive date is listed, the date must Note: If the date inserted in this blo document's effective date on the Department.	be specific and cannot be prior ck-does not meet the applic	to date of filing or more than 9 able statutory filing require	(optional) 0 days after filing.) Pursuant to 6 ments, this date will not be li	05.0207 isted as
he record specifies a delayed The 90th day after the reco		t an effective time, at	12:01 a.m. on the ear	lier of
Dated JUNE 12TH,	2017			
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Page 3 of 3

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