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SECRETARY OF STATE
TALLAHASSEE FINATE

D. BRUCE JAN 28 2009

EXAMINER

COVER LETTER

Registration Section
Division of Corporations

TO:

SURJECT: Apollo	IT Consulting LLC				8
 		ited Liability Company)			•
	Amendment and fee(s) are sub ondence concerning this matter				
	James Alec Avera				
	 	(Name of Person)	· · · · · · · · · · · · · · · · · · ·		
	Apollo IT Consulting LLC	;			
		(Firm/Company)		_	
	10182 Caroline Park Dr				
		(Address)		TALL	09
	Orlando, FL 32832			ORET. AHA	FIL O9 JAN 27
		(City/State and Zip Code)	-	ARY SSE	TILE
For further information of	concerning this matter, please c	all:		OF STATE E. FLORIDA	
James Alec Avera		at (404) 668-8283			ì
(Name	of Person)	(Area Code & Daytime Te	elephone Numb	oer)	
Enclosed is a check for t	he following amount:				
□ \$25.00 Filing Fee	☑\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	iling Fee, tate of Status ed Copy onal copy is o	
Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee; FL 32314	STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ons Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Apollo IT Consulting LLC		
(Name of the Limited Liability Com) (A Florida Limited	pany as it now appears on our re I Liability Company)	<u>cords.</u>)
The Articles of Organization for this Limited Liability Compar	ny were filed on 2/27/2007	and assigned
Florida document number <u>L07000021975</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lis	ability company here:	
Apollo Dynamics LLC		
The new name must be distinguishable and end with the words "Li "L.L.C."	mited Liability Company," the des	ignation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		AL SE
	•	AR S
		V2:
Enter new mailing address, if applicable:		m Y
(Mailing address MAY BE A POST OFFICE BOX)		FF 36 (17)
		A 7
B. If amending the registered agent and/or registered		s, enter the name of the ne
registered agent and/or the new registered office address h	<u>ere</u> :	
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:	(F., Classical	
	(Enter Florida	a street address)
	····································	lorida
	(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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

D. If amending any other information, enter change	Add Remove Add Remove Add Remove Add Remove Add Remove Add Remove
D. If amending any other information, enter change	Add Remove Add Remove Add Remove Add Remove
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	O9 JAN 2: LAHASSI
	N27 P TARY OF ASSEE.
	F STATE OR
Dated January 22 , 2009	
Signature of a member	S

Page 2 of 2

Filing Fee: \$25.00