## L17000015206

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	<u> </u>
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A. BUTLER APR 0 6 2022

## **COVER LETTER**

Division of C	Corporations
apollo fi SUBJECT:	tness lle
	Name of Limited Liability Company
The enclosed Articles	of Amendment and fee(s) are submitted for filing.
Please return all corres	spondence concerning this matter to the following:
	kristopher pulver
	Name of Person
	apollo fitness Ilc
	Firm/Company
	20617 quinlan st.
	Address
	orlando, Florida 32833
	City/State and Zip Code
	kris.pulver@gmail.com  E-mail address: (to be used for future annual report notification)
For further informatio	on concerning this matter, please call:
kris pulver	260 4799905 at ()
Nam	ne of Person Area Code Daytime Telephone Number
Enclosed is a check fo	or the following amount:
□ \$25.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee.  Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is encl

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I he Articles of Organization for this Limited Liability Company	варину сопрану)	
ne Articles of Organization for this Limited Liability Company lorida document number <a href="L17000015206"><u>L17000015206</u></a> .	were filed on 01/19/2017	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	oility company here:	
Cristoph Group LLC ,		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "	LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	20617 Quinlan Street	
Principal office address MUST BE A STREET ADDRESS)	Orlando, Fl. 32833	
nter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX)</u> 3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	20617 Quinlas Street Orlando, Fl. 32833 address on our records, en	iter the name of the new registe
Name of New Registered Agent:	<u>-</u>	
New Registered Office Address:		
	Enter Florida street aa	ldress
		, Florida
and Benjament American Science of the second according to	·	Zip Code
ew Registered Agent's Signature, if changing Registered Agent:		

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>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
<del></del>			
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			DAdd
			□Remove
			□Change

	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<del>-</del>
	<u> </u>
<u>vote:</u> If t	date, if other than the date of filing:
l is filed.	
ated	MGr (h 16+h 2077).  Signature of a member or authorized representative of a member
	1169
	Signature of a member or authorized representative of a member
	kristopher pulver
	Typed or printed name of signee

Filing Fee: \$25.00