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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates of	Status
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## **COVER LETTER**

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enonece.	spollo Unit	ed Group, LLC		
SUBJECT: _		Name of Lim	ited Liability Company	<u> </u>
		Amendment and fee(s) are sub		
Please return a	ІІ согтеѕро	ridence concerning this matter  Florentina Alexandru	to the following:	
		Apollo United Group ELC	Name of Person	
		5415 Lake Howell Rd, No	Firm/Company	
		Winter Park FL 32792	Address	<del></del>
		apollounitedgroup@gmail.c	City/State and Zip Code com	
For further info	ormation co	E-mail address: ( oncerning this matter, please ca	to be used for future annual report notif all:	ication)
Florentina Ale	xandru		407 953-0219 at ()	
	Name of	l Person	Area Code Daytime	Telephone Number
Enclosed is a c	heck for th	e following amount:		
□ \$25.00 Fili	ing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	MAILI	NC ADDRESS:	STRFFT/COURI	FR 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

Apollo United Group, LLC		
( <u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our records da Limited Liability Company)	.)
The Articles of Organization for this Limited Liability	Company were filed on 05-30-2017	and assigned
Florida document number L17000118234		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
Apollo Publishing, LLC		
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	EB 71
		<u> </u>
		# II: 36
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		<del></del>
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street address	
		rida
	Ciţy	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>	Address	Type of Action
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			□ Change
			Add
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			Change
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-	JUST NAME CHANGE OF THE BUSINESS TO APOLLO PUBLIS	r .
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lf an eti <u>Note:</u>	date, if other than the date of filing:	7 (3)(b) s the
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed.	f:
	02-13-2019	
Dated	Horeutino - Horant	
Dated	Horeus no Horous Signature of a member or authorized representative of a member	

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Filing Fee: \$25.00