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COVER LETTER

TO:	Registration So Division of Cor			
CHR III		NA CONSULTING LLC		
SUBJEC	JI:	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ro	eturn all correspo	ondence concerning this matter	to the following:	
		ALEJANDRO MOLIERI		
			Name of Person	
		MENDEZ MOLIERI & C	O	
			Firm/Company	
		2600 S DOUGLAS RD, S	UITE 501	
			Address	
		CORAL GABLES, FL 33	134	
			City/State and Zip Code	
		AMOLIERI@MMCO-CPA		
r ca			to be used for future annual report not	dication)
For Jurii	ier information (concerning this matter, please co	all:	
ALEJA	NDRO MOLIEF	RI	305 742-2800 at ()	
	Name (of Person	Area Code Daytin	e Telephone Number
Enclosed	d 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 tadditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Regist	JNG ADDRESS: ration Section on of Corporations	STREET/COUR Registration Section Division of Corpo	on

P.O. Box 6327

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

APOLLONIA CONSULTING LLC	
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)
The Articles of Organization for this Limited Liability C Florida document number <u>L18000008479</u>	Company were filed on and assigned and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the lim</u>	nited liability company here:
he new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" or the abbreviation "L.I.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADD	ORESS)
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office add	istered office address on our records, enter the name of the n dress here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, 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>	Address	Type of Action
MGR	ALEJANDRO MOLIERI	2600 S DOUGLAS RD. STE 501	
		CORAL GABLES, FL 33134	■ Remove
			☐ Change
MGR	QUEEN INVESTMENT GROUP I	2600 S DOUGLAS RD. STE 501	■ Add
		CORAL GABLES, FL 33134	Remove
			Change
		·	<u>á</u> □ Add
			Remove
			\$10 A
			Remove
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	be specific and cannot be prior to date ek does not meet the applicable sta	of filing or more than 90 days a	
ecord specifies a delayed e 90th day after the reco	effective date, but not an early ord is filed.	effective time, at 12:0	1 a.m. on the earlier
d AUGUST 20	. 2018	SI Rem	mo

Page 3 of 3

Filing Fee: \$30.00