49000031117

	(Requestor's Name)				
	(Address)				
	(Address)				
	(City/State/Zip/Phone #)				
PICK-U!	P WAIT MAIL				
	(Business Entity Name)				
(Document Number)					
Certified Copies	Certificates of Status				
Special Instructions to Filing Officer:					

Office Use Only



800325100518 /

02/26/19--01013--008 **25.00

S FALLLN" MAR 2 1 2019

TO HELD OF THE OF

Dund



March 7, 2019

STEPHEN F. BAKER ATTORNEY AT LAW 800 FIRST STREET SOUTH WINTER HAVEN, FL 33880-3666

SUBJECT: APOLLO AUTO SERVICES LLC

Ref. Number: L19000031117

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

ON PAGE 2 OF 3, THE TYPE OF ACTION IS REQUIRED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent Regulatory Specialist II

Letter Number: 719A00004665

ECEIVED

Stephen F. Baken

ATTORNEY AT LAW

BOO FIRST STREET SOUTH

WINTER HAVEN. FLORIDA 33880-3666

STEWBAKERESO COM

TEL: (863) 299-2118 FAX: (863) 299-9868 OUR FILE NO:

February 22, 2019

REGISTRATION DEPARTMENT DIVISION OF CORPORATIONS POST OFFICE BOX 6327 TALLAHASSEE, FLORIDA 32314

Re: AMENDMENT APOLLO AUTO SERVICES, LLC

Gentlemen:

Please find enclosed to be filed an original and 1 copy of the Amendment to Articles of Organization regarding the above-styled Limited Liability Company.

Also enclosed is a check in the amount of \$25.00 for your filing fee.

Thank you for your cooperation and assistance in this matter.

Cordially yours,

STEPHEN F. BAKER

SFB/cmh Enclosures

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Lim	ited Liability Company as it now ap (A Florida Limited Liability Compa	pears on our records.) ny)	.
The Articles of Organization for this Limited I	Liability Company were filed or	January 30, 2019	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability compan	<u>y here</u> :	
The new name must be distinguishable and contain the	words "Limited Liability Company,"	the designation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if appli		. 2	
<u>Principal office address MUST BE A STRE</u>	ET ADDRESS)		
Enter new mailing address, if applicable:			5 CS
Mailing address MAY BE A POST OFFICE	BOX)		() ()
3. If amending the registered agent and egistered agent and/or the new registered of	office address here:	on our records, enter	the name of the
Name of New Registered Agent:	John Dimitrios		<u> </u>
New Registered Office Address:	3220 Lake Alfred Road		
	Enter	Florida street address	
	Winter Haven	, Florida <u></u> , Florida <u></u>	881 Zip Code

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 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
MGR	Necia Labrador	3220 Lake Alfred Road	□ Add
		Winter Haven, FL 33881	
			Remove
			☐ Change
			□ Remove
			□ Change
			□ Remove
			☐ Change
			
			□ Remove
			☐ Change
			
	_		☐ Remove
			Change
			Remove
			□ Change

_				
			<u> </u>	
				
			<u></u>	<u> </u>
		•	- "	
 				
				
If an effective date i Note: If the date	f other than the date of s listed, the date must be spec- inserted in this block doe tive date on the Departme	cific and cannot be prior to da is not meet the applicable	te of filing or more than 90 di statutory filing requireme	_(optional) sys after filing.) Pursuant to 605.020 nts, this date will not be listed a
	cifies a delayed effec y after the record is		effective time, at 17	2:01 a.m. on the earlier o
Dated 2	22		Ĵ	
		,		<i>I</i>

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00