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S. YOUNG

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:	APOLLO TRANSP	ORT GROUP LLC	•
Source.	Name of Lim	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
		lichgel Meza Name of Person	
		Firm/Company	
	1727 V:11a	ge Blud Apt III Address	
	West P	alm Beach, FL 334 City/State and Zip Code elme 3av@gmail. Co to be used for future annual report noti	109
	Wicha E-mail address: (elme 3a v @ GMAIL. CS to be used for future annual report noti	fication)
For further information co	ncerning this matter, please co	all:	
Mich C Name of	rel Meza Person	at (<u>56 </u> <u>5077</u> Area Code Daytim	te Telephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Se Division of Co P.O. Box 6327 Tallahassee, Fl	ection rporations	Street Address: Registration Se Division of Cor The Centre of The Centre	porations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	. , ,	WP LLC	
(Name of the Limited	Liability Company as it now appear Florida Limited Liability Company)	3 on our records.)	—————————————————————————————————————
The Articles of Organization for this Limited Liab Florida document number <u>L2000005590</u> in its amendment is submitted to amend the follow A. If amending name, enter the new name of the	bving:	02-19-20	220 and assigned
The new name must be distinguishable and contain the wor		esignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>(0x)</u>		
B. If amending the registered agent and/or reg agent and/or the new registered office address	•	ecords, <u>enter the na</u>	ume of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Flor	ida street address	
	City	, Florida	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>	<u>Address</u>	Type of Action
MGR.	Cristobal Arriaga	7100 Colony Club Drive	□Add
			XRemove
			□Change
			□ Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
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			□Change
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			□Remove
			□Change

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(If an effec <u>Note:</u> If	e date, if other than the date of filing: tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list at's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earli BOth day after the record is filed.
Dated _	07-17-2020 If All
	Signature of a member for huthorized representative of a member
	·

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