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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : DOMINIUM CONSULTING SERVICES, LLC

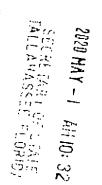
Account Number : I20180000103 Phone : (407)374-2329 Fax Number : (407)412-5926

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:	 	
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# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN APOLLO EQUITY CAPITAL LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00



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### **COVER LETTER**

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	Registration Se Division of Cor		•	
0110 11 C		QUITY CAPITAL LLC		
SUBJEC	l:	Name of Limit	ed Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are subm	nitted for filing.	
Please ret	urn all correspo	ndence concerning this matter t	o the following:	
		CLEITON CARDOSO		
			Name of Person	
		DOMINIUM CONSULTIN	NG SERVICES	
			Firm/Company	· · · · · · · · · · · · · · · · · · ·
		6965 PIAZZA GRANDE A	AVE - SUITE 206	
			Address	
		ORLANDO FLORIDA 32	835	
			City/State and Zip Code	
		SERVICES@DOMINIUM	CS.COM o be used for future annual report no	orification)
				Miletion
For furth	er information o	concerning this matter, please ca	All:	
CAMIL.	A		407 374-2329 at ( )	
	Name o	of Person	at () Area Code Days	ime Telephone Number
Enclosed	l is a check for t	he following amount:		
<b>\$25.</b>	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 Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### STREET/COURIER ADDRESS:

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

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

APOLLO EQUITY CAPITAL LLC (Name of the Limited Liabil	lity Company as it now appears on our records.	.)
(A Florid	l <mark>ity Company as it now appears on our records.</mark> la Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number L2000009985	and assigned	
Florida document number	<del></del> -	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Liv	mised Liability Company "the designation "LLC"	or the abbreviation "L.L.C."
The new name must be distinguishable and contain the words. En	miles in the state of the state	~2
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADD	(RESS)	<u>&gt;⊭</u>
		<u> </u>
Enter new mailing address, if applicable:	***	
(Mailing address MAY BE A POST OFFICE BOX)		25 <u>0</u>
indiang dadress star DEA 1031 Of 11CE BOW		2 <sup>m</sup> N)
B. If amending the registered agent and/or registered agent and/or the new registered office ad	istered office address on our records, dress here:	, <u>enter the name of the nev</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
		orida Zip Code
	City	Zip Coae

#### 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

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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
	INFINITY HOMES & INTERIORS		
			■ Remove
			Change
AMBR	THE FRAGA COMPANY LLC	14284 DESERT HAVEN ST	■ Add
		WINDERMERE, FL 34786	□ Remove
			□ Change
			Add
			☐ Remove
			Change
			Addition Addition
			Remove
			☐ Change
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								1!
If the reco	ord specifies a dela 90th day after the	yed effective record is filed	date, but n i.	ot an effect	ive time, at 1	.2:01 a.m. (	on the e	anier
Dated _	MAY lst		2020					
-	Alemoho Tinga					er		

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Typed or printed name of signee

Filing Fee: \$25.00