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### **COVER LETTER**

0:	Registration Section Division of Corporations	
UBJE	T: PPC. APOLLO LLC  Name of Limited Liability Company	
he enc	osed Articles of Amendment and fee(s) are submitted for filing.	
'lease i	turn all correspondence concerning this matter to the following:	
	Neda Khosrowzadeh	
	Name of Person	
	Firm/Company	
	999 Mayfield Ave.	
	Address	
	Winter Park, FL 32789 City/State and Zip Code	
	City/State and Zip Code  neda Khosravani@me.com	
	E-mail address: (to be used for future annual report notification)	
or furt	er information concerning this matter, please call:	
No	da Khosrouzadeh at 407 a 27-8233  Name of Person Area Code Daytime Telephone Number	
	Name of Person Area Code Daytime Telephone Number	
Enclose	is a check for the following amount:	
\$25	00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55,00 Filing Fee & \$\Bigcup \$60.00 Filing Fee.\$ Certificate of Status \$\text{Certified Copy} \text{Certified Copy} \text{Certified Copy} \text{(additional copy is enclosed)}	

### Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PPC APOLLO	LLC					
(Name of the Limited Liability Compa (Λ Florida Limited)	iny as it now appears on our records.) Liability Company)	 %				
he Articles of Organization for this Limited Liability Company lorida document number <u>1</u> 2000167976	were filed on June 17, 2	OZO and assigned				
This amendment is submitted to amend the following:		P				
A. If amending name, enter the new name of the limited liability company here:						
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or t	he abbreviation "L.L.C."				
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	954 Lake Bala Orlando, FI	duin Lane 32803				
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	Winter Park	Mayfield flue ,FL 32789				
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the	name of the new registered				
Name of New Registered Agent:						
New Registered Office Address:	Enter Florida street address					
	, Florid:					
	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.

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

GR =	Manager
MBR =	<b>Authorized Member</b>

<u>itle</u>	<u>Name</u>	<u>Address</u>	Type of Action
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			Remove
			□Change
			□ Add
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Effective date, if other than the date of filing: (opt if an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after the file of the date of filing or more than 90 days after the file of the date of filing or more than 90 days after the	tional)	05 0207 <i>(</i>
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the document's effective date on the Department of State's records.	nis date will not be li	sted as th
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (rd is filed.	(b) The 90th day af	ter the
Dated November 3, 2020.		
Signature of a member or authorized representative of a member		

Typed or printed name of signee