

**L' 21000400167**

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : BYTES SERVICES LLC  
Account Number : I20210000149  
Phone : (786)600-8004  
Fax Number : (305)602-9816

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

Email Address: linojavier18@gmail.com

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**  
**APOLLO AGENCY LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

SEP 21 2021

A. LUNT

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STATEMENT OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

**FIRST:** The name of the limited liability company is: APOLLO AGENCY LLC

**SECOND:** The Florida Document number of the limited liability company is: L21000400167

**THIRD:** Document to be corrected is: ARTICLES OF ORGANIZATION FOR FLORIDA LLC

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

Incorrect: Principal Address / Mailing Address / Registered Agent Address / Authorized Persons Addresses:

Reason: Wrong Address Entry. All addresses listed need correction.

Corrected Entry for ALL ADDRESSES: 22018 ENSENADA WAY, BOCA RATON FLORIDA 33433

**OR**

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

**OR**

- ☐ The electronic transmission of the record was defective.

Signature of Authorized Representative

Date

Signature of new registered agent, if applicable : ( NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

**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.*

Registered Agent's Signature

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