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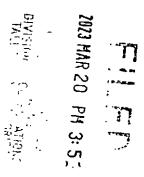
(Requestor's Name)
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PICK-UP WAIT MAIL
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T. SCOTT MAR 2 0 2023



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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Apollo Dealer Services LCC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Colorye Spencer
Apollo Dealer Services
14605 SW YSLN AVE
Ocala Fl 34473 City/State and Zip Code
D-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
C. P. C. Socnes at (407) 403 841/ Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certified Copy (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

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on May 13 th 2027 and assigned Florida document number _2 22000 225 13.8
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The new number must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LE"
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
Florida
Cny - r
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 Type of Action Address Name Title _____ □Remove _____ Change **′**⊚2⊥ _____ Change ______ Remove _____ Remove

____ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
,	
,	
Note:	tive date, if other than the date of filing:
If the reco record is f	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Dated	March 20th . 2023
	Signature of a member or authorized representative of a member
	George Spence/ Typed or printed name of signee

Filing Fee: \$25.00