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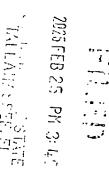
(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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COVER LETTER

Division of Corporations .					
SUBJECT: APOLLO BFB Ventures LLC 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:					
Robert Renkus Name of Person					
APOLLO Shotters & Shades					
5814 Wood Stork way					
The Villages FLORIDA 32163 City/State and Zip Code Robert Renkus @ 9MAIL, Com E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Robert Renkus at (678) 596-2727 Name of Person Area Code Daytime Telephone Number					
Enclosed is a check for the following amount:					
\$55.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)					
Mailing Address					

Mailing Address:

TO:

Registration Section

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

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 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>	Name	Address	Type of Action
MGRM	Robert Renkus	5814 Wood Stork WAL	□Add
		The Villages, FL 3216.	
		U.S.	hange
			□Add
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Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior Note: If the date inserted in this block does not meet the applic document's effective date on the Department of State's records.	able statutory filing requirements, this date will not be listed as
ne record specifies a delayed effective date, but not an effective ti ord is filed.	me, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated February 17, 202	<u>5.</u>
Poly Renkers Signature of a member or author	prized representative of a member
Robert Renkus	····

Filing Fee: \$25.00