## L25000262585

| (Requestor's Name)                      |
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| PICK-UP WAIT MAIL                       |
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| ^ Apollo C                          | Group SPL, LLC                               | .i  | FILED  |  |
| SUBJECT:                            | Name of Lin                                  | nited Liability Company   | 2025 JUL 29 PH 2: 09   |  |
| The enclosed Articles               | of Amendment and fee(s) are sub              | omitted for filing.   | TALLAHASSEE, FL  |  |
| Please return all corres            | pondence concerning this matter              | to the following:   |  |  |
|                                     | Bernadeta Figiel                             |   |  |  |
|                                     |  | Name of Person  |  |  |
|                                     | Apollo Electric                              |   |  |  |
|                                     | ·  | Firm/Company  |  |  |
|                                     | 800 Brickell Ave, Suite 40                   | 00  |  |  |
|                                     |  | Address   |  |  |
|                                     | Miami, FL 33131                              |   |  |  |
|                                     | DIN A JONE WILL .                            | City/State and Zip Code   | <del></del>  |  |
|                                     | BFigiel@apollonyc.com E-mail address:        | to be used for future annual report                                 | notification)  |  |
| For further information             | concerning this matter, please o             | call:   |  |  |
| Bernadeta Figiel                    |  | 212 257-4814  |  |  |
| Name                                | of Person                                    | at ()<br>Area Code Day  | time Telephone Number  |  |
| Enclosed is a check for             | the following amount:                        |   |  |  |
| ■ \$25.00 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) |  |
| <u>Mailing Addr</u><br>Registratior |  | Street Address  |  |  |
| _                                   | Corporations                                 | Registration Section Division of Corporations                       |  |  |
| P.O. Box 6327                       |  | The Centre of Tallahassee   |  |  |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Apollo Group SPL, LLC (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  $\frac{06/04/2025}{1}$ Florida document number L25000262585 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Apollo Electric SPL, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." 1701 NW 84 Ave. A5 Enter new principal offices address, if applicable: Doral, FL 33126 (Principal office address MUST BE A STREET ADDRESS) 1701 NW 84 Ave. A5 Enter new mailing address, if applicable: Doral, FL 33126 (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

## 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.

City

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 <u>Title</u> **Name** Address Type of Action \_\_\_\_\_ □Add \_\_\_\_\_ □Remove \_\_\_\_\_ □Change \_\_\_\_ □Add \_\_\_\_\_ □Remove \_\_\_\_ □Add \_\_\_\_\_ □Remove \_\_\_\_\_ Change \_\_\_\_ \_\_ \_\_ \_\_\_ \_\_\_\_ DAdd \_\_\_\_ □Remove

| If amending any other infor   | nation, enter change(s) here: (Attach additional sheets, if necessary.)   |
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| ffective date, if other than t  | ne date of filing: (optional)   |
| an effective date is listed, the date in<br><b>(ote:</b> If the date inserted in this | just be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 block does not meet the applicable statutory filing requirements, this date will not be listed as t |
| ocument's effective date on the   | Department of State's records.  |
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| record specifies a delayed effec  | ive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the  |
| l is filed.   | and out not all effective time, at 12.01 a.m. on the earlier of. (b) The 90th day after the   |
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| July 18th   | 2025  |
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|   | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\  |
|   | Signature of a member or authorized representative of a member  |
|   |   |
| Claudia Baggiano  |   |
|   | Typed or printed name of signee   |

Filing Fee: \$25.00